

**US DEPARTMENT OF THE INTERIOR  
BUREAU OF INDIAN AFFAIRS  
DIVISION OF TRANSPORTATION**

Agency: \_\_\_\_\_  
 Route or Bridge ID#: \_\_\_\_\_  
 Coordinates: Beginning: \_\_\_\_\_  
 Coordinates: End: \_\_\_\_\_  
 Priority: \_\_\_\_\_  
 Date Prepared: \_\_\_\_\_  
 Project Duration, days: \_\_\_\_\_  
 Project ID#: \_\_\_\_\_

Maintenance Project Task(s):		Specification(s) Used:	Describe:
Description of Task	Applicable Specification	Attached?	Activity Order

**Project Information:**

Ownership: _____	Surface Type: _____	Facility Type: _____
ROW on file: _____	Surface Condition: _____	Facility Condition: _____
School Bus Route: _____	Equipment: _____	Traffic Control: _____
ADT & (ADT Year): _____	Personnel: _____	Safety of Personnel: _____
Detour Length, mi: _____	Detour Map: _____	Utilities Notified: _____

**Additional Information, Description(s), Explanation(s) and-or Remarks:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personnel Assigned	Hours		Task(s)	Equipment Used	Hours		Task(s)
	Estimated	Actual			Estimated	Actual	

Project Status	Date(s)		Note(s)
	Start	End	
Planning Stage			Preparer Name, Title _____ Date _____  Reviewer Name, Title _____ Date _____  2nd Reviewer Name, Title _____ Date _____
Initiation Stage			
Completion Stage			
Closeout Stage			
Project Delay1			
Project Delay2			
Project Delay3			



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<b>Safety Checklist:</b>		
Mobility Hazards:	<input type="text"/>	Worksite Hazards:
Electrical Hazards:	<input type="text"/>	Utility Hazards:
Equipment Operation:	<input type="text"/>	Traffic Hazards:
Equipment Maintenance:	<input type="text"/>	Storage of Materials:
Fire Protection:	<input type="text"/>	Ergonomic Hazards:
Chemical Hazards:	<input type="text"/>	Physical Hazards:
	<input type="text"/>	Biological Hazards:
	<input type="text"/>	Structural Hazards:
	<input type="text"/>	Weather Hazards:
	<input type="text"/>	

**Describe the measures taken to address the identified or other safety concerns.**

Is detour planned?	<input type="text"/>		
Map Inserted:	<input type="text"/>	Map Attached:	<input type="text"/>
Signage Applied:	<input type="text"/>	Pavement Markings:	<input type="text"/>
Flaggers:	<input type="text"/>	Vertical Clearances:	<input type="text"/>
		Detour Plans Attached:	<input type="text"/>
		Weight Restrictions:	<input type="text"/>
		Emergency Services:	<input type="text"/>

**Insert an image highlighting the proposed detour in the space provided.**

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Description of Activity: \_\_\_\_\_

Activity Order of Performance: \_\_\_\_\_

ACTIVITY DESCRIPTION DETAIL(S)	RESOURCE(S) INVENTORY			
	<b>EQUIPMENT</b>			
	<b>Hours</b>			
	<b>Equipment</b>	<i>Estimated</i>	<i>Actual</i>	Task(s)
	<b>MANPOWER</b>			
	<b>Hours</b>			
	<b>Personnel</b>	<i>Estimated</i>	<i>Actual</i>	Task(s)
Guidance Attached: _____				
Activity Start Date: _____				
Activity End Date: _____				
<b>AGENCY NOTE(S)</b>				