

FINAL INSPECTION/ACCEPTANCE

DISTRIBUTION INSTRUCTIONS *(electronic distribution where applicable)*

ORIGINAL - Contract Services Division. **COPIES** - Project File, Region Construction Engineer.

When applicable: TSC Local Agency Engineer, Development Services Division - Local Agency Programs, Traffic & Safety, Office of Rail.

CONTRACT ID	FEDERAL PROJECT NUMBER	NATIONAL HIGHWAY SYSTEM (NHS) ROUTE YES NO
START DATE	ACTUAL OPEN TO TRAFFIC DATE	ALL CONTRACT WORK COMPLETE DATE
CONTRACTOR NAME		
OVERSIGHT Federal Highway Administration (Risk-Based Project Involvement) MDOT	DISADVANTAGED BUSINESS ENTERPRISE (DBE) YES NO	

NAME/AGENCY *(Print)*

TYPE OF WORK *(As per proposal)*

IS PROJECT WARRANTED ?	WARRANTY TYPE AND WARRANTY DOCUMENTS ON FILE	DURATION	EXPIRATION DATE
YES NO			
DATE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NOTICE OF TERMINATION SUBMITTED	DATE SITE ID NUMBER IS DEACTIVATED	STRUCTURE CLEARANCE MEASUREMENTS FORM 1190? YES NO	
BRIDGE WORK: YES NO	BRIDGE INSPECTION DATE REQUESTED: DATE COMPLETED:		

RECOMMENDATIONS/CONCLUSIONS/REMARKS

ITEM(S) NOTED ABOVE HAVE BEEN RESOLVED OR WERE NOT APPLICABLE, PLEASE CHECK THE APPROPRIATE BOX YES NO

ENGINEER SIGNATURE	DATE
MDOT OR LOCAL AGENCY CONSULTANT PROJECT ENGINEER SIGNATURE	DATE
LOCAL AGENCY AUTHORIZED SIGNATURE	TITLE
CONSTRUCTION/PROJECT ENGINEER FOR MDOT SIGNATURE	DATE
I certify that the construction on this project substantially conforms to the plans and specifications.	
TRANSPORTATION SERVICE CENTER (TSC) MANAGER SIGNATURE	DATE