

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	NHS ROUTE			
		YES	NO		
START DATE	ACTUAL OPEN TO TRAFFIC DATE	ALL CONTRACT WORK COMPLETE DATE			
CONTRACTOR NAME					
OVERSIGHT	FHWA (RBPI)	MDOT	DBE	YES	NO

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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 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
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MDOT OR LOCAL AGENCY CONSULTANT PROJECT ENGINEER SIGNATURE	DATE

LOCAL AGENCY AUTHORIZED SIGNATURE	TITLE	DATE
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CONSTRUCTION/PROJECT ENGINEER FOR MDOT SIGNATURE	DATE
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I certify that the construction on this project substantially conforms to the plans and specifications.

TSC MANAGER SIGNATURE	DATE
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