

**RATING / EVALUATION FORM / DESIGN PLAN PROCESS**

Des. No.: 1006056      Structure: \_\_\_\_\_      District: Crawfordsville  
 Contract: R33716      CN Project: \_\_\_\_\_      Kin: \_\_\_\_\_  
 Work Type: Sight Distance Improvement

Consultant: H. Stewart Kline & Assoc., Mike Peterson, 765-742-0295  
 Proj. Coordinator: Renee Neukam 765.361.5270      Date: 05/17/2011  
 Proj. Manager: Michael, Wink      RFC Date: 6/15/2011  
 Description: Sight Distance Improvement on IR 1001, North 9th Street at Burnetts Rd.

**REVIEWER'S RATING ITEMS**

	Select A Review	Select A Review	
Design Concept	5	NA	<b>COORDINATOR'S RATING ITEMS</b>
Critical Design Elements	5	NA	
Calculations <small>(Hydraulics &amp; Br. Rehab. Only)</small>	NA	NA	
Plan/Report Quality	4.5	NA	Scheduling: NA
Engineering Judgement <small>(Br. Rehab. Review Only)</small>	NA	NA	Procedure Compliance: NA
Documentation of Work	4.5	NA	<b>DIRECTIONS TO CONSULTANT</b>
Env. Mitigation/Permit Comp.	5	NA	
Procedure/Standard Comp.	5	NA	Other: _____
Quality Assurance	5	NA	
Cooperation	5	NA	

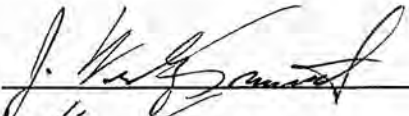
\*HEARING      Make A Selection

5 = Excellent, 4 = Good, 3 = Marginal  
2 = Poor, 1 = Unsatisfactory

**INCLUDED WITH THIS SUBMITTAL ARE:**

MarkUp Of:

Plans sent to Traffic:	<input type="checkbox"/>	Disk:	<input type="checkbox"/>
Computations:	<input type="checkbox"/>	S.P.:	<input type="checkbox"/>
Cost Est.:	<input type="checkbox"/>	X-Sect:	<input type="checkbox"/>
Quantities:	<input type="checkbox"/>	Scope/Env. Permit Form:	<input type="checkbox"/>
Q.A. Form:	<input type="checkbox"/>	Plan	<input type="checkbox"/>
Other:	_____		

Reviewer's Signature:       Date: 5-26-11  
 Reviewer's Printed Name: Wes Smith  
 Reviewer's Phone No.: 232-5048      FFC Held: \_\_\_\_\_  
(Br. Rehab. only)