Clear Form

RATING / EVALUATION FORM / DESIGN PLAN PROCESS

Des. No.: _____ Structure: _____ District: _____
Contract: _____ CN Project: _____ Kin: _____
Work Type: _____

Consultant: _____
Proj. Coordinator: _____ Date: _____
Proj. Manager: _____ RFC Date: _____
Description: _____

REVIEWER'S RATING ITEMS

	Select A Review	Select A Review
Design Concept	NA	NA
Critical Design Elements	NA	NA
Calculations (Hydraulics & Br. Rehab. Only)	NA	NA
Plan/Report Quality	NA	NA
Engineering Judgement (Br. Rehab. Review Only)	NA	NA
Documentation of Work	NA	NA
Env. Mitigation/Permit Comp.	NA	NA
Procedure/Standard Comp.	NA	NA
Quality Assurance	NA	NA
Cooperation	NA	NA

COORDINATOR'S RATING ITEMS

Scheduling: NA
Procedure Compliance: NA

DIRECTIONS TO CONSULTANT

Make A Selection

Other: _____

*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:	☐	Disk:	☐
Computations:	☐	S.P.:	☐
Cost Est.:	☐	X-Sect:	☐
Quantities:	☐	Scope/Env. Permit Form:	☐
Q.A. Form:	☐	Plan	☐

Other: _____

Reviewer's Signature: _____ Date: _____

Reviewer's Printed Name: _____

Reviewer's Phone No.: _____ FFC Held: _____
(Br. Rehab. only)