

DETAILED DAMAGE INSPECTION REPORT

(Title 23, Federal-aid Highways)

Report Number _____

Sheet _____ of _____

Location (Name of Road and Milepost)

FHWA Disaster Number _____

Inspection Date _____

Description of Damage

Federal-aid Route Number _____

State _____ County _____

Cost Estimate

	Description of Work to Date (Equipment, Labor, and Materials)	Unit	Unit Price	Quantity	Cost	
					Completed	Remaining
Emergency Repair						
Method				Subtotal		
<input type="checkbox"/> Local Forces <input type="checkbox"/> State Forces <input type="checkbox"/> Contract				PE/CE		
					Emergency Repair Total	

Permanent Restoration						
Method				Subtotal		
<input type="checkbox"/> Local Forces <input type="checkbox"/> State Forces <input type="checkbox"/> Contract				PE/CE		
					Right-of-Way	
					Perm. Repair Totals	

Environmental Assessment Recommendation <input type="checkbox"/> Categorical Exclusion <input type="checkbox"/> EA/EIS		Estimated Total	
Recommendation <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	FHWA Engineer		Date
Concurrence <input type="checkbox"/> Yes <input type="checkbox"/> No	State Engineer		Date
Concurrence <input type="checkbox"/> Yes <input type="checkbox"/> No	Local Agency Representative		Date