PDN Stage 1 - Roadway QC Checklist

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| **SPOT ID/Project TIP #:** |  Click or tap to edit. |
| **County:** |  Click or tap to edit. |

1RD1 Express Designs

| **Item #** | **Review Item** | **Yes** | **No** | **N/A** |
| --- | --- | --- | --- | --- |
| 1.
 | **Design and Quantities** |  |  |  |
|  | TIP or SPOT ID number is shown. |[ ] [ ] [ ]
|  | Verify the proposed horizontal alignment for the mainline and major -Y- lines meet the approved design criteria. |[ ] [ ] [ ]
|  | Verify the proposed grade for the mainline and major -Y- lines meet the approved design criteria. |[ ] [ ] [ ]
|  | Verify the proposed grades over roadways, railroads, and greenways meet the appropriate vertical clearance. |[ ] [ ] [ ]
|  | Verify the 3D model/cross sections match the proposed design. |[ ] [ ] [ ]
|  | Verify the slope stakes based on the 3D model are shown. |[ ] [ ] [ ]
|  | Verify the proposed design can be constructed as detailed in the maintenance of traffic narrative. |[ ] [ ] [ ]
|  | Verify the proposed design include the items listed in the maintenance of traffic narrative (i.e. onsite and offsite detours, phasing). |[ ] [ ] [ ]
|  | Verify property access has been evaluated to determine if a service road study is needed. |[ ] [ ] [ ]
|  | Verify the proposed right of way and easements contain the limits of construction for all permanent and temporary work. |[ ] [ ] [ ]
|  | Verify the control of access is shown and consistent with the type identified for the project. |[ ] [ ] [ ]
|  | Verify quantities have been developed for all items which can have a major effect on project costs and are in alignment with the Roadway Design Manual, NCDOT Standards and Specifications, or other current guidance.  |[ ] [ ] [ ]
|  | Verify quantities have undergone and independent check for accuracy. |[ ] [ ] [ ]
|  | Verify all the appropriate quantities have been included in the estimate form and match the calculated totals. |[ ] [ ] [ ]

*For items marked* ***No*** *that require further explanation, provide comments or action items in the table below.*

| **Item #** | **Comments and Action Items** |
| --- | --- |
|  Click to edit. |  Click to edit. |

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| ***This checklist may not be comprehensive to every project. It is the responsibility of the reviewer to ensure that an adequate review is performed.*** |
| **QC Reviewer Name:** |  Click to edit. | **Date:** |  Click to edit. |
| **QC Reviewer (Signature):** |  |  |  |