North Carolina Department of Transportation  
Traffic Safety Unit  

Mileposting Assignment Worksheet  
May 2, 2014

A. Worker Information

Name: ___________________  Employer: ___________________  Date: ______________

B. Assigned Route Information

County Name: ___________________  County Number: ______
Route Name: ___________________  Route Number: ___________________

TEAAS Length: ______  LRS/ArcGIS Length: ______

TEAAS Fiche Summary: ______ (mileposted crashes) / ______ (total crashes) = ______ % MP

The length of the TEAAS route needs to be: _____ Shortened  _____ Increased  _____ Created  _____ No Change

C. Coinciding and/or New (created) Route Information

<table>
<thead>
<tr>
<th>Route Name</th>
<th>8-Digit Code</th>
<th>Begin MP</th>
<th>MP’d Crashes</th>
<th>Total Crashes</th>
<th>% MP’d</th>
<th>In SR Table?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y N</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y N</td>
</tr>
</tbody>
</table>

D. Mileposting Package (worksheet and attachments)

1. Mileposting assignment worksheet
2. Maps indicating NCDOT route numbers and local names (with the assigned route highlighted)
3. Route change information (as applicable)
4. LRS data from ArcGIS indicating lengths, features, and mileposts
5. Adjusted TEAAS high order reports and/or completed high order spreadsheets
6. Adjusted TEAAS feature reports and/or completed feature spreadsheets
7. TEAAS fiche reports
8. Crash reports with indicated corrections (as needed)
9. Attach any and all comments as needed for clarification, explanation, etc. (use the back or additional sheets as necessary)

E. Reviews and Adjustments

Review (1): __________  Date: ______________  □ Concur  □ Do Not Concur

Entered By: __________  Date: ______________

Review (2): __________  Date: ______________  □ Concur  □ Do Not Concur