

Appendix 4.10—Scoping Report for Maintenance Projects (Form AM-430)

VIRGINIA DEPARTMENT OF TRANSPORTATION ASSET MANAGEMENT DIVISION SCOPING REPORT FOR MAINTENANCE PROJECTS

NOTE: A project location map (USGS) and written report of the initial field review should be attached to this form as well as other forms as needed such as the meeting minutes from the Scoping Review Team, Bridge Safety Inspection Report, Form EQ-429 (SERP), FHWA-534, etc. When the specific section of Form AM-430 is not applicable, write **N/A**.

Sheet 1 of 4		Date:	
District		County, City or Town	
Route (or "various")		or Name of Facility	
Project # <input type="checkbox"/> or Maintenance Schedule* <input type="checkbox"/>		UPC	
From:	To:	Temp UPC	
Project Length	Alignment Length	OPC	
* District-Wide <input type="checkbox"/> or Residency-Wide <input type="checkbox"/>	Were all routes in the Maintenance Schedule considered for Bike/Pedestrian Accommodations? Check: Yes <input type="checkbox"/> or No <input type="checkbox"/>	# Routes in the Maintenance Schedule that were applicable to Bike/Pedestrian Accommodations: _____ of _____	
Type of Maintenance Work (select below):			
Drainage: <input type="checkbox"/> Curb & Gutter, <input type="checkbox"/> Small Pipe/Culvert Realignment/Replacement (< 36 SF), Storm Sewers, Roadside Ditches, <input type="checkbox"/> other _____			
Roadside: <input type="checkbox"/> Shared Use Path, <input type="checkbox"/> Sidewalk, <input type="checkbox"/> Crosswalk, <input type="checkbox"/> Landscaping, <input type="checkbox"/> Utilities, <input type="checkbox"/> Tree/Shrub, <input type="checkbox"/> Brick Pavers, <input type="checkbox"/> other _____			
Traffic Devices: <input type="checkbox"/> Traffic Signals, <input type="checkbox"/> Signs, <input type="checkbox"/> Guardrail, <input type="checkbox"/> Pavement Markings/Messages, <input type="checkbox"/> Raised Markers, <input type="checkbox"/> Rumble Strips, <input type="checkbox"/> other _____			
Pavement: <input type="checkbox"/> Resurfacing, <input type="checkbox"/> Shoulder Widening/Rehabilitation, <input type="checkbox"/> Pavement Rehabilitation/Reconstruction, <input type="checkbox"/> other _____			
NOTE: A minimum of a 2-foot wide paved shoulder should always be considered in resurfacing schedules for routes with non-hard surfaced shoulders that are part of bike plans, pedestrian facilities, and other criteria identified in Asset Management's <u>Best Practices Manual</u> , Section 12.5.2.			
Structures: <input type="checkbox"/> Bridge Widening, <input type="checkbox"/> Deck Replacement, <input type="checkbox"/> Substructure Replacement, <input type="checkbox"/> Large Pipe/Culvert Realignment/Replacement (> 36 SF), <input type="checkbox"/> other _____			
Special Facilities: <input type="checkbox"/> Tunnels, <input type="checkbox"/> Rest Areas, <input type="checkbox"/> other _____			
<input type="checkbox"/> Other: _____			
Description of Work:			
Type Plan Assembly: <input type="checkbox"/> RAAP, <input type="checkbox"/> SAAP, <input type="checkbox"/> Emergency, <input type="checkbox"/> Other _____			
Scheduled Advertisement Date		Estimated Start Date:	
Type of Funding (check):	State: <input type="checkbox"/>	Federal <input type="checkbox"/>	Local <input type="checkbox"/> <input type="checkbox"/> Other _____
Amount of Funding	Prelim. Engr. \$ _____	R/W \$ _____	Constr. \$ _____
			Maintenance \$ _____
Project Dollars in Spend Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, why not: _____	
If a Federal Project, is there a need for any 3R waivers or design exceptions? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3R Guidelines used? <input type="checkbox"/> N/A <input type="checkbox"/> No If no, explain:			
If 3R explanations are needed, describe here or attach separate documentation with the Form AM-430.			

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Should utilities be designated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments						
Are you aware of any sinkholes along the project corridor? <input type="checkbox"/> Yes or <input type="checkbox"/> No							
Comments:							
GEOMETRICS:	Use this section for specific projects. If resurfacing information is on PMSS, check <input type="checkbox"/> to refer interested parties to contract documents for geometrics.						
	Existing		Proposed		Existing		Proposed
Number of Lanes			Lane Width, feet				
Median Type			Curb & Gutter Location (<input type="checkbox"/> one side, <input type="checkbox"/> both sides)				
Fill Shoulder, feet			Ditch Width, feet				
Cut Shoulder, feet			Median Shoulder, feet				
Existing Pavement to be used: <input type="checkbox"/> Yes or <input type="checkbox"/> No			Existing Pavement Width:		_____ feet		
Widening Existing Pavement: <input type="checkbox"/> one side <input type="checkbox"/> both sides			Widening Left	_____ feet	Widening Right	_____ feet	

Bicycle and Pedestrian Accommodations:			
Place a check mark (✓) next to the <u>existing</u> bicycle and pedestrian accommodations that apply (see Asset Management <u>Best Practices Manual</u> for definitions.)			
<input type="checkbox"/> Bike Lane	<input type="checkbox"/> Paved Shoulder	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Shared Use Path
<input type="checkbox"/> Median/Refuge Island	<input type="checkbox"/> Pedestrian Signals	<input type="checkbox"/> Crosswalk	<input type="checkbox"/> Curb Ramp
<input type="checkbox"/> Shared Lane	<input type="checkbox"/> Signs/Markings	<input type="checkbox"/> Wide Outside Lane	<input type="checkbox"/> Horse & Buggy Sign or Markings
<input type="checkbox"/> Other (describe): _____			
Does the locality have a bicycling or walking accommodations plan? (Yes or No) _____			
Sidewalk	Existing Width/Length _____ / _____	Proposed Width/Length _____ / _____	
Location(s)	_____		
Shared Use Paths	Existing Width/Length _____ / _____	Proposed Width/Length _____ / _____	
Location(s)	_____		
Is "Shared Use Path" meandering? <input type="checkbox"/> Yes or <input type="checkbox"/> No		Location(s): _____	
Is additional right-of-way necessary for proposed meandering pathways? <input type="checkbox"/> Yes or <input type="checkbox"/> No			If yes, see "Exceptions".
Bicycle Lanes	Existing Width/Length _____ / _____	Proposed Width/Length _____ / _____	
Location(s)	_____		
Wide Outside Lane	Existing Width/Length _____ / _____	Proposed Width/Length _____ / _____	
Location(s)	_____		
Was bicycle/pedestrian access to existing and proposed transit connections coordinated with DRPT? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, attach separate documentation supporting the coordination or include in the scoping meeting minutes.			
Is there an <u>existing opportunity</u> for a bicycle or pedestrian accommodation? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, provide an explanation with associated geometrics and quantities. If no, identify on "Exception" list below.			
Does the proposed accommodation meet design recommendations in VDOT's <u>Road Design Manual</u> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If no, explain: _____			

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Exceptions for Bicycle and Pedestrian Accommodations: Exceptions exist when bicycle and pedestrian accommodations should not be provided for maintenance projects. **Check the appropriate maintenance exception and describe, if appropriate.**

<input type="checkbox"/> Safety would be compromised. For example, does proposed accommodation encourage bike/pedestrian use in an unsafe environment such as adding 2-foot paved shoulder along a high speed facility with either a high percentage of trucks or a high traffic volume?	
<input type="checkbox"/> The proposed accommodation requires increased R/W.	
<input type="checkbox"/> Scope/purpose of maintenance project does not facilitate Bicycle and Pedestrian Accommodations. Examples: ordinary maintenance activities such as guardrail replacement, sign replacement, repairs to culverts, etc.	
<input type="checkbox"/> Accommodation costs are unreasonable (such as exceeding 10% of project costs).	
<input type="checkbox"/> Lack of need (same as construction list—see Note). Examples include scarcity of population, travel, and attractors, both existing and future.	

Note: In addition to these maintenance exceptions, construction exceptions are described in Section 3.4 of VDOT’s “Policy for Integrating Bicycle and Pedestrian Accommodations” (www.virginiadot.org/bikepedpolicy)

Special Concerns: Additional documentation is required whenever there are unique **environmental, aesthetic, or social-economic situations** that may affect the maintenance project such as a Context Sensitive Design requested by Locality/Community, special landscape or tree/planting screening plans, historic property(s), a Memorandum of Agreement (MOA) with any State, Federal, or private agency regarding special treatment or scenic quality of a corridor, etc.

If unique or special situations exist for this project, provide a description of the issue below, or on an attached sheet/file, concerning the topic(s), the appropriate coordinations, and the special or unique results and/or circumstances.

Maintenance of Motorized and Non-Motorized Traffic Concerns

Number of lanes to be maintained: _____	Minimum width of lanes to be maintained: _____ feet
Restrictions on lane or shoulder closures? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, _____ feet
Will temporary detours be considered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pedestrian detours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Time of Day Work Restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, time work is allowed _____ am/pm to _____ am/pm.

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From this list of suggested members of the Scoping Review Team, check & identify appropriate members:

	Residency Administrator or designee	
	Transportation Operations Manager III	
	Transportation Operations Manager II	
	Transportation Operations Manager I	
	District Structure and Bridge Engineer/Section	
	District Environmental Manager/Section (Form EQ-429)	
	District Traffic Engineer/Section	
	District Contract Administrator	
	District Bicycle and Pedestrian Coordinator	
	Residency Program Support Technician	
	SAAP Coordinator	
	Locality (if applicable)	
	Department of Rail and Public Transportation (if applicable)	
	FHWA (if applicable)	
	Other:	

Attachments: The results and recommendations from the Scoping Review Team meeting should be attached to Form AM-430, if applicable. If an additional field study or studies was/were necessary to complete the Project Scope, a summary of the results should be recorded below and the appropriate documents should also be attached to Form AM-430, as needed, to support the results of the Scoping Report.

Results of Additional Study (Studies):

Project manager should print the following information after completion of Form AM-430:

Project Manager: _____	Title: _____
Assigned Location: _____	Phone No.: _____

Scope Approval: Signatures

Project Manager:	_____	Date:	_____
*Approved by:	_____	Date:	_____
	<i>Residency Administrator or Designee; or District Maintenance Engineer or Designee</i>		

* Approvals should be by the Residency Administrator or designee, or the District Maintenance Engineer or designee, depending on whether the project originated at the residency or district level.

Comments:

After approvals, the Project Manager should provide a copy of the completed Form AM-430 to the appropriate Scoping Review Team members checked above, as well as the State Bicycle/Pedestrian Coordinator in TMPD. Note: The number of members will vary based on the scope of the maintenance project.