

Bridge Management System 2

Special/Interim Inspections-DCO-and-Survey-Information Form

SFN: Bridge Name:

CSR Number: If CSR was generated

Title of Person Damage Report Received From: Telephone Number:

First Name of Person Damage Report Received From: E-Mail:

Last Name of Person Damage Report Received From: Date Report Received:

Organization Person Reporting Damage Belongs To: Time Report Received:

Damage Inflicted Date: If Available - Enter Date Damage Occurred

Damage Inflicted Time: If Available - Enter Time Damage Occurred

Description of Damage Reported:

Inspection Cycle: Damage Inspection Date:

Time Arrived On Site:

Engineer Investigating: Technician Investigating:

2nd Engineer Investigating: If More Than One Engineer Responds

3rd Engineer Investigating: If More Than Two Engineers Respond

Engineer Consulting Firm Investigating: If Work is Assigned to Consultant

Reviewed By: If Engineer Investigating is Not a P.E.

Reviewed By Consulting Firm: If Work is Assigned to Consultant

Conditions Noted On Site:

Actions Taken On Site:

Followup Up Actions Taken (if Any):

Agencies Notified:

Police Report Number:

Police Report (Scanned):

Damage Photos - Hyperlink:

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