**FHWA – Indiana PSE Checklist**

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| --- | --- |
| Contract No.: | DES No.: |
| Route:       on NHS? Yes No | County: |
| INDOT District: | Construction Cost at Stage 3: |
| Letting Date: | Contract Completion Date: |
| State Administered  FHWA Oversight | |
| Location: location as shown in SPMS | |
| Description: work type as shown in SPMS | |

*Notes:*

*See PSE Checklist Narrative for instructions on completing form.*

***Items in bold text below are critical****. Only Yes or NA answers can be given in order to for PSE to be approved.*

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Yes | No | NA |
| Section 1: DESIGN QUALITY, Plans Reviewer S3 Review | | | |
| 1. Is Title Information accurate and complete? |  |  |  |
| 1. Is the design speed greater than or equal to the posted speed? |  |  |  |
| 1. Is the design speed appropriate for the facility? |  |  |  |
| 1. Are typical sections included? |  |  |  |
| 1. Has the pavement design been approved and does it match the typical   section? |  |  |  |
| 1. If there are 3 lanes sloped in same direction, does the outside lane   have an increased slope? |  |  |  |
| 1. Is drainage addressed and appear to drain away from the road? |  |  |  |
| 1. If required, is the median width adequate? If no, has a design exception   been approved? |  |  |  |
| 1. Do the foreslopes and backslopes meet standards? |  |  |  |
| 1. Do the vertical and horizontal alignments complement each other? |  |  |  |
| 1. Are all obstructions outside of the horizontal sight distance impact area? |  |  |  |
| 1. Are right of way limits defined? |  |  |  |
| 1. Is the proposed work within the ROW? |  |  |  |
| 1. Is the Level 1 checklist submitted along with design exception approval if applicable? |  |  |  |
| 1. Is safety hardware used appropriately? (guardrail?) |  |  |  |
| 1. Is lane alignment thru intersection appropriate? |  |  |  |
| 1. Is access control appropriate within the vicinity of interchanges and   Intersections (interchange > 100’ and 300’ from ramp terminal)?  If not, has documentation been approved by FHWA? |  |  |  |
| 1. Do signs and placement comply with the IMUTCD? |  |  |  |
| 1. Do signs convey the intended message? Are they placed in accordance   with the IMUTCD and without unnecessary clutter? |  |  |  |
| 1. Are appropriate pavement markings called for? |  |  |  |
| 1. Has the work zone traffic control plan or transportation management plan,   as applicable, been completed? |  |  |  |
| 1. Are lane widths appropriate for MOT phases? If not, has a design exception   been approved? |  |  |  |
| 1. Does the MOT account for drainage? |  |  |  |

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| --- | --- | --- | --- |
| Item | Yes | No | NA |
| 1. Is the posted speed during construction less than or equal to the   construction design speed? |  |  |  |
| 1. Does the MOT address bike and pedestrian traffic if applicable? |  |  |  |
| 1. Will emergency response teams be able to get through the construction   zone easily? |  |  |  |
| 1. Based on the MOT, is the project constructible? |  |  |  |
| 1. Are there provisions to maintain access to businesses and residences   during construction? |  |  |  |
| 1. Are provisions made for protecting motorists from drop-offs? |  |  |  |
| 1. Do sidewalks and trails comply with the ADA? |  |  |  |
| 1. Is the final design estimate complete and reasonable? |  |  |  |
| 1. If non-participating items are included in the project, are they listed separately with an asterisk in the estimate? |  |  |  |
| 1. Are proprietary items included in the contract documents?   If Yes, has their use been approved? |  |  |  |
|  |  |  |
| Reviewed By (full name): | | | |
| Date (mo.day.yr): | | | |
| Phone / Email: | | | |
| **INDOT Comments for Section 1:** | | | |
| Section 2: Project Manager Review | | | |
| 1. **Is the construction phase in the TIP/STIP?  If Yes, list TIP/STIP reference and Date:** |  |  |  |
| 1. Is the project required to be on Federal-aid system? If Yes, is it on the   Federal Aid System? |  |  |  |
| 1. **Has right of way been certified? If Yes, list type and date of Right-of-way certificate:** |  |  |  |
| 1. If right of way certificate is a level 2 or 3 exception, has FHWA   approval been given? |  |  |  |
| 1. If ROW is not clear prior to letting, are appropriate restrictions included in   the contract documents? |  |  |  |
| 1. Has the utility certificate or waiver been completed? If Yes, list type and date of certificate: |  |  |  |
| 1. If utility relocations are required and not completed prior to construction   authorization, are proper stipulations contained in the proposal? |  |  |  |
| 1. **Has a NEPA document been completed? If Yes, list type and date of initial and subsequent NEPA approval.**   **Date of most recent Additional Information (AI):**  Has the Environmental Consultation Form been approved? |  |  |  |
|  |  |  |
| 1. Have all waterway permits been received? If Yes, list required permits: |  |  |  |
| 1. Is the project commitments database current and commitments incorporated in the final design? |  |  |  |
| 1. (a) Has the railroad coordination certification been completed? |  |  |  |

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| --- | --- | --- | --- |
| Item | Yes | No | NA |
| 43. (b) If the project requires use of or adjustment to railroad facilities, has a railroad agreement been signed? List date of agreement:  (c) Does the proposal include liability insurance requirements? |  |  |  |
|  |  |  |
| 1. Has coordination with FAA been completed for project located within 2 miles of an airport? |  |  |  |
| 1. For an Interstate interchange, is an IJ required? If so, was final approval   given? List approval date: |  |  |  |
| 1. **If the project is:**   • **a roadway and total cost exceeds $50 M *or***  • **a bridge and the total cost exceeds $40 M**  **has a value engineering study been completed?** |  |  |  |
| 1. **If the total project cost is between $100 M and $500 M, has an Initial**   **Financial Plan been completed? If applicable, have annual updates been completed? List approval date:** |  |  |  |
| 1. **If the total Project cost is $500 M or more:**   **Has a Project Management Plan (including Initial Finance Plan) been completed? If yes, list approval date:**  **Was a Cost Estimate Review completed? List date of review:** |  |  |  |
|  |  |  |
| 1. If applicable, has an FHWA approval letter been included for use of experimental features? |  |  |  |
| 1. If there are guarantees or warranties and the project is on the NHS, has   their use been approved by FHWA or State for delegated projects? |  |  |  |
| 1. If there are any incentive / disincentive clauses, have they been reviewed   and approved by FHWA or State for delegated projects? |  |  |  |
| 1. If State furnished material (other than signal controllers), borrow or disposal   sites are specified in the contract, has a public interest finding been completed with FHWA concurrence? |  |  |  |
| 1. If non-participating items were added after S3 review, are they listed separately with an asterisk in the estimate? |  |  |  |
| 1. Are proprietary items included in the contract documents?   If yes, has their use been approved? |  |  |  |
|  |  |  |
| 1. Has a realistic construction completion date been set? Contract Completion Date: |  |  |  |
| 1. Are previous review comments incorporated into the Final Tracings plans? |  |  |  |
| Reviewed By (full name): | | | |
| Date (mo.day.yr): | | | |
| Phone / Email: | | | |
| **INDOT Comments for Section 2:** | | | |
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| Item | | Yes | No | NA |
| Section 3: Contracts Administration Review | | | | |
| 1. **If procurement is by other than competitive bidding, has a cost**   **effectiveness finding been approved by FHWA?** | |  |  |  |
| 1. **Does the proposal contain:**   • **FHWA-1273, Contract Provisions [633.102(b)]**  • **US Department of Labor Wage Rate General Decision Number**  • **Title VI Assurances** | |  |  |  |
| 1. **Was a DBE goal established for the contract?**   **If Yes, list goal:** | |  |  |  |
| 1. If less than a 3 week advertisement period is requested, is the request   appropriate and approvable as part of the PSE? | |  |  |  |
| 1. Have prior comments, including phase I PSE been addressed? | |  |  |  |
| 1. Final construction cost estimate submitted?   CE cost total to match/approx. FMIS request: | |  |  |  |
| Reviewed By (full name): |  | | | |
| Submittal Date (mo.day.yr): |
| Phone / Email: |
| **INDOT Comments for Section 3:** | | | | |

***INDOT Review & Approval:***

|  |  |
| --- | --- |
| Name: |  |
| Date: |
| Phone/Email: |

INDOT hereby submits Phase 1 PS&E to FHWA for review and comments.

INDOT hereby submits Phase 2 PS&E to FHWA, requesting approval.

**FHWA Review Comments (if Full Oversight):**

Comments included on attached comment sheet

No comments

**FHWA Signature (required for Full-Oversight Project):**

***Reviewed and approved By:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date: \_\_\_\_\_\_\_\_***

**PSE has been approved and is ready for advertisement with the following conditions:**

No conditions