

	DETAILED DAMAGE INSPECTION REPORT	Report Number					
	(Title 23, Federal-aid Highways)	Sheet _____ of _____					
Location (Name of Road and Milepost)		FHWA Disaster Number					
Description of Damage:		Inspection Date					
		Federal-aid Route Number					
		State _____ County _____					
Cost Estimate							
Emergency Repair	Description of Work to Date (Equipment, Labor, and Materials)	Unit	Unit Price	Quantity	Cost		
					Completed	Remaining	
	Method				Subtotal		
<input type="checkbox"/> Local Forces <input type="checkbox"/> State Forces <input type="checkbox"/> Contract				PE/CE			
					Emergency Repair Total		
Permanent Restoration							
	Method				Subtotal		
<input type="checkbox"/> Local Forces <input type="checkbox"/> State Forces <input type="checkbox"/> Contract				PE/CE			
					Right-of-Way		
					Perm. Repair Totals		
Environmental Assessment per 23 CFR 771.117(c)(9) <input type="checkbox"/> Categorical Exclusion <input type="checkbox"/> EA/EIS				Estimated Total			
Recommendation <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible			FHWA Engineer		Date		
Concurrence <input type="checkbox"/> Yes <input type="checkbox"/> No			State Engineer		Date		
Concurrence <input type="checkbox"/> Yes <input type="checkbox"/> No			Local Agency Representative		Date		