**Memorandum**

**To:** Name **Date:** Month Day, Year

District XX Safety Review Committee Chairperson

**File:** District-County-Route

PM XX.X/XX.X

Project EA XXXXX

Project # XXXXXXXXX

**From:** NAME (ALL CAPS), PE

Project Engineer

**Subject:** **Final safety review**

*State that this is the set of comments and resolutions for the final safety review. Provide the names of the safety review committee members who performed the review for the given project. Request the signature of the safety review committee chairperson and a copy of the signed memorandum.*

*Example:*

*The following are the comments and responses of the final safety review for the above-referenced project. The final safety review was performed by the safety review committee members, as shown in the table below. Please review and return the signed copy of this final memorandum to the project engineer at your earliest convenience.*

**Safety Review Committee Members**

|  |  |
| --- | --- |
| Division | Name of Representative |
| Maintenance |  |
| Construction |  |
| Traffic Operations |  |
| Traffic Safety |  |
| Design |  |

**Comments and Responses**

*Example:*

***Comment No. 1:***

*Sheet L-1: Please coordinate with Traffic Safety to ensure that “Reconstruct Guardrail” will work at this location.*

*Response: New guardrail and transition railing will be placed at this location. Plans and quantities were updated accordingly.*

***Comment No. 2:***

*Does the Purpose and Need propose to improve the horizontal curve? It is still a nonstandard horizontal curve.*

*Response: Design exception for curve radius was approved by delegated approval authority.*

***Comment No.3:***

*Sheet E-3: Suggest including a repeater at this location to ensure good signal operation due to the 200-ft length between stop bars and the terrain.*

*Response: HQ was contacted as they are the owners of the portable NSSP and they feel that the specifications are sufficient to allow the use of repeaters and advised adjustment of the cost estimate for designs where a repeater may be necessary. The estimate has been adjusted.*

The Safety Review Committee Chairperson's signature below acknowledges the names of the representatives for each division who performed the Safety Review and receipt of responses to the comments as stated in this memorandum.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| NAME |  | Date |
| District XX Safety Review Committee Chairperson |  |  |

c:

*Example:*

*Name, Project Manager*

*Name, Design Senior*

*Name, Electronic Document Management System (EDMS) Manager*

*Safety Review Committee File*