**Memorandum**

**To:** name (all caps) **Date:** Month date, 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:** **safety review request**

*State the required safety reviews and phases for the given project. If there were other safety reviews completed prior to this request, include the dates of previously performed safety reviews. This can be accomplished by providing Figure 8-5, as shown in PDPM Chapter 8, with the completion dates of the previous safety reviews filled in. See the example below. The alternative would be stating the previously performed safety review dates in sentences or bullet format. Request the safety review committee chairperson to assign appropriate reviewers to represent district Design, Construction, Maintenance, Traffic Operations, and Traffic Safety. Other functional units relevant to the project may be included in the safety review based on project-specific needs.*

*Example:*

*In accordance with PDPM Chapter 8 Section 6, “Safety Review,” the following safety reviews are required for the above-referenced project.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Development Category | PID | PA&ED | 60% PS&E | 95% PS&E |
| ***1, 2, 3*** | ***2/1/2022*** | ***8/1/2022*** | ***11/1/2023*** | ***TBD*** |

*Please assign appropriate committee members representing Design, Construction, Maintenance, and Traffic Operations for this review. The supporting documents provided in this request should be distributed to the members, and the district safe system lead. Please contact the project engineer, if necessary, to schedule a pre-safety review meeting.*

**Project Description:**

*Provide the project description as stated in the project initiation or approval documents. This should include the project scope of work.*

**Other Project information:**

*The information provided here will be used to estimate the time required to perform the safety review and schedule a date for the safety review meeting if required. Add other relevant project information to facilitate the coordination, as appropriate.*

*Example:*

*Construction Cost Estimate: $X,XXX,XXX*

*Project Schedule: M300 Constructability Review Date;*

*PS&E to DOE (M377) Date;*

*RTL (M460) Date*

*Working Days: XXX WDAYS*

*Design Senior: Name – (XXX) XXX-XXXX*

*Project Manager: Name – (XXX) XXX-XXXX*

*Project Engineer: Name – (XXX) XXX-XXXX*

Attachments:

*List attached supporting documents.*

*Example:*

1. *95% complete plan set*
2. *60% Safety review comment resolution table*
3. *Transportation management plan*
4. *DIB 78 design checklist*
5. *DSDD*
6. *DIB 91 positive work zone protection determination*
7. *Site Photos*
8. *Blank comment resolution table*

c:

*Example:*

*Project Manager*

*Design Senior*

*Safe System Lead*