



Seismic Retrofit Assessment Form

MTD 20-4 Attachment A - Revision dated 7/28/2016

Bridge Name:

Bridge Number:

County:

Route:

Post Mile:

On _____ (Date) a seismic assessment of this bridge was completed.

A Strategy Meeting was held on _____ (Date) No Strategy Meeting was held.

Basis of Assessment (Check all that apply):

- As-Built Plan Review. Equivalent Static Analysis. Inelastic Static (Pushover) Analysis.
- Elastic Dynamic (Response Spectrum Multimodal) Analysis. Nonlinear Time History Analysis
- Other (Explain).

If a parallel or similar bridge exists in the vicinity, please check the items that apply:

- The parallel or similar bridge was not seismically assessed before.
- The parallel or similar bridge was seismically assessed on _____ (Date) and
 - Retrofit was not recommended.
 - Retrofit was recommended.
- The parallel or similar bridge was retrofitted, however funds were not available to retrofit this bridge.

Site Seismic Information:

1. Shear Wave Velocity, V_{s30} : _____ **ft/sec**
2. Peak Ground Acceleration : _____ **g**
3. Ground Motion (ARS Online, Project Specific, or Other): _____
4. Spectral Acceleration at 1 sec Period, $S_{a@1sec}$: _____ **g**
5. Other hazards considered in analysis (liquefaction, surface fault, etc.): _____

Based on the seismic assessment of this bridge, it was determined that:

Retrofit is recommended. Place this bridge in STRAIN for seismic retrofit.
Provide a brief description of retrofit measures required:

Retrofit is not recommended. Remove, if this bridge was placed in STRAIN in the past ONLY for seismic retrofit purpose.

Further assessment is recommended due to the following reasons:

Branch Chief or Oversight Engineer

Date

Project Engineer

Date

Upon completion of the seismic retrofit assessment, please submit to OEEAR Office Chief via email.