

STATE OF NEW HAMPSHIRE
INTER-DEPARTMENT COMMUNICATION

DATE:

FROM:

AT OFFICE:

SUBJECT:

TO: William J. Oldenburg, P.E
Assistant Director of Project Development

MEMORANDUM

The following information is in accordance with the Guidelines for Implementation of the Work Zone Safety and Mobility Policy to the Traffic Control Committee (TCC) for determination of the project's significance.

Consistent with the TCC Work Zone and Mobility Manual Section 2 regarding the need for Traffic Control Committee reviews, this project is:

Exempt from Presentation-

Reason for Exempt Status; [Select]

Requires Presentation

The purpose of this project is: (discuss need, scope of work and public outreach efforts associated with the project).

The project will advertise on: Click or tap to enter a date.

The project will be completed on: Click or tap to enter a date.

Traffic impacts are expected to be: (enter what you anticipate the traffic impacts will be, ie. lane closures, durations, time frames, etc.)

An evaluation of the criteria for determination of a significant project is provided in the table shown below.

FHWA Requirement	Specific Project Response
<ul style="list-style-type: none"> Will the Project be located within TMA (See Work Zone Safety and Mobility Manual- Section 2) and include Lane Closures 3 days or more 	No,
NHDOT – Primary Level of Criteria	Does the Project meet ALL of the following requirements?"
<ul style="list-style-type: none"> Estimated Construction Cost > \$20 M 	No,
<ul style="list-style-type: none"> Within or affecting Communities > 35,000 residents 	No, *
<ul style="list-style-type: none"> On the Interstate or NHS 	No,
<ul style="list-style-type: none"> Anticipated to create sustained WZ impacts, separately or in combination with another project 	No,

*List each Community Name, Census Year, Population

NHDOT Secondary Level of Criteria	Do any of the following items, individually or collectively, in the opinion of the TCC, require the project to be Significant?
<ul style="list-style-type: none"> Time and Duration 	No,
<ul style="list-style-type: none"> Nature of Work 	No,
<ul style="list-style-type: none"> Traffic Volume 	No, ADT %Trucks %
<ul style="list-style-type: none"> Regional Significance 	No,
<ul style="list-style-type: none"> Sustained WZ Impacts, separately or in combination with another 	No,

TRAFFIC CONTROL COMMITTEE SUPPLEMENTAL INFORMATION:

Project Name:

Project Number:

Concerns	Responses	
Detours or Diversions	Choose an item.	Describe: Choose an item. Choose an item. Duration: Choose an item. Day/Night Remarks: Detour Map Attached: Choose an item. Service Patrol needed? Choose an item.
Intersection Impacts?	Choose an item.	Describe Control: [Select] Duration: [Select] Day/Night [Select]
Lane Closures?	Choose an item.	Which Operations? Time of Day Allowed: [Select] Duration: [Select]
Lane Width Restrictions?	Choose an item.	OSOW restriction to annual permit holders: Choose an item. Min. lane width = feet with shoulder width = feet Min. shoulder width = feet with lane width = feet Which operation(s)? Duration: [Select]
Have Truck Mounted Attenuators been considered?	Choose an item.	If "No" explain why: Remarks:
Speed Reduction During Construction? (Flow Chart Recommendation/ Traffic Bureau Confirmation?)	Choose an item.	<input type="checkbox"/> Long Term <input type="checkbox"/> Work Hours Only From mph to mph Time of day: [Select] Restore Speed in Winter: Choose an item.
Night Work?	Choose an item.	Which Operation(s)? Duration: [Select] Remarks:
Holidays During Project Timeframe?	Choose an item.	Impacts: Select Remarks: [Select]
Special Events?	Choose an item.	Contract Restrictions during Spec. Events? Choose an item. Remarks: List any Special Events:
Schools, Hospitals, etc.?	Choose an item.	Contract Provisions: N/A Choose an item. Additional Provisions: [Select]

Are Other States Involved?	Choose an item.	If Yes, Has Coordination Occurred: [Select] Remarks:
Are Railroads Involved?	Choose an item.	If Yes, Has Coordination Occurred: [Select] Remarks:
Special Traffic Control?	Choose an item.	Type: [Select] Remarks:
Seabrook Evacuation Route Impacted?	Choose an item.	Coordinated w/ Homeland Security? Choose an item. Contract Requirements: Describe: Select
Pedestrian facilities or sidewalks on the project?	Choose an item.	If Yes, are ped facilities being perpetuated? [Select] (MUTCD Section 6D.01 requires accommodations if they exist prior to project). How are they being accommodated? Select Remarks: Project Duration: [Select]
Bike facilities impacted?	Choose an item.	Existing Shoulder Width = feet Min. shoulder width during construction = How are bikes being accommodated? Select Remarks: Project Duration: [Select]
ITS Request for Permanent Installations	Submitted to TSMO? Choose an item.	Any requirements or recommended permanent ITS infrastructure? Choose an item. If yes, describe:
Work Zone ITS Needs Assessments (Temp. Installs During Const.)	Submitted to TSMO? Choose an item.	Any requirements or recommended SWZ or other elements? Choose an item. If yes, describe:

Based on the evaluation of the criteria presented above, I recommend that the TCC classify this project as:

- Significant Level 1
- Significant Level 2
- Non-Significant

A Level I classification requires the development of a separate Traffic Management Plan (TMP) document (narrative) that includes detailed discussion of Public Outreach (PO), Traffic Control Plans (TCP) and Transportation Operations (TO). For example, I-93 expansion, Newington-Dover and the Bow-Concord Capital corridor improvements have been identified as Level I Significance.

A Level II classification requires the development of a memorandum that includes discussion of the three components (TCP, TO, PO).

Both the Level I and II documents must be presented to the committee for review and approval.

This Section for use by TCC Only:

Designation (check one): Significant: Level I Level II Non-Significant

Additional Guidance and Direction: _____

Signature:

Chairperson, TCC

Click or tap to enter a date.
Date

cc: Project File
Document1