|  |
| --- |
| **wisdot-agency-name-logo-100-black-rgb.jpgCRITICAL FINDINGS REPORT**Wisconsin Department of Transportation**DT2026 11/2015** |
|  |
| **INITIAL ASSESSMENT** |
| ***BRIDGE LOCATION*** |  |
| County  | Bridge Number |
|       |       |
| Feature On | Direction |
|       |       |
| Feature Under |
|       |
| Structural Components Affected |
|       |
| ***CRITICAL FINDING OVERVIEW*** |  |
| Incident Situation Description |
|       |
| ***INCIDENT IMPACT*** *(at time of event)* |  |
| Impact on Traffic |
|       |
| Incident Duration |
|       |
| Classification |
| [ ]  | (1) URGENT  | [ ]  | (2) SEVERE |
| ***CONTACT INFORMATION*** |  |
| Inspector’s Name | Date |
|       |       |
| When Reported to BOS: | Date |       | Time |       |
|  |
| BOS Contact | Phone Number |
|       |       |
| Caller Name Reporting Incident |  |
|       |
| Caller Agency | Phone Number |
|       |       |
|  |
| **CLOSE-OUT DOCUMENTATION** *(required for critical findings)* |
| Description of Short-Term Follow-up Actions and/or Long-Term Plan of Action |
|       |
| Follow-up Actions Complete: | Date |       |
| Close-Out Inspection Complete: | Date |       |
|  |
| **Please provide photo documentation of completed follow-up actions.** |