

SAFETY & OPERATIONS CERTIFICATION DOCUMENT

Last updated: November 15, 2023

То:	Region Planning Chief: <chief name=""> Bureau of Traffic Operations – Traffic Engineeri</chief>	ing & Safety	Section
From: Date: RE:	<analyst name=""> Region <mm dd="" yyyy=""> Design ID: Construction ID: Highway: Project Title: Project Subtitle:</mm></analyst>		
documo Develo _l If applic	ent reflects the intent of the policy and guideling pment Manual. cable, having considered the operational perform	es described mance of the	e existing corridor and any proposed improvements
	eve this document reflects the intent of the poli es Development Manual.	cy and guide	elines described in section 11-52 of the Wisconsin
Prepare	er:		
Region	Analyst	Date	-
Approv	val:		
	of Traffic Operations Engineering and Safety Section	Date	-
Region	Supervisor	Date	-

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1. Certification Processes Completed 1.1. According to FDM 11-1-10 Attachment 10.1, does	s the improvement concept (code and scope (of work requi	re the
Safety Certification Process to be completed?		Yes □	No □	
	If yes is selected and alternated Section 5, send to BTO at DOTBTOSafetyEngineering@		ted as indicat	ed in
1.2. Was the Operations Certification Process (FDM 1	1-52-15) completed for prop	osed improvem	ents within th	nis
project?		Yes □	No □	
	If yes, send to BTO at DOTT	<u>ratticAnalysisMo</u>	<u>deling@dot.w</u>	vi.gov
If "No" is selected for both 1.1 and 1.2, the Safety & Ope without approval from the Bureau of Traffic Operations as indicated in Section 5, the document can be complete	(BTO). If 1.1 is marked "Yes"	and alternatives		
2. Network Screening				
2.1. Safety Sites of Promise				
2.1.1. Did the project have Safety Sites of Promise fro List Safety Sites of Promise: List the Sites of Promise (i.e., "flagged locations") within Intersection ID as well as other contextual information (the project area. Include the		No □ segment PDF	? ID oi
Attachments: Project location/overview map, Meta-Ma Screening spreadsheet screenshot, Overview Map of Saj			section Netwo	ork
2.2 Operational Sites of Promise (If Applicabl	le)			
2.2.1 Did the project identify Operational Sites of Pro 2.2.2 Did the project identify Operational Sites of Pro List Operational Sites of Promise: List the Sites of Promise (i.e., locations that were review Intersection ID as well as other contextual information (mise based on local knowled red for Operations) within the	dge? Yes □	No □ N	N/A □ N/A □
Attachments: Project location/overview map				
2.3 Additional Sites				
2.3.1 Were additional sites evaluated?		Yes □	No □	
List sites: List any additional sites that were evaluated for Safety to locations"). Include the Intersection ID as well as other coloration.				
Attachments: Project location/overview man				

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Safety & Operations Certification Document Guidance

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Yes 🗆

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No □

3. Diagnosis

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		Dia		U	or as	$\mathbf{n}\mathbf{c}\mathbf{s}$

3.1.1. Did relevant crashes remain after crash vetting?	Yes □	No □
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3.1.2. If yes, list each site and discuss the crashes and contributing factors (including geometric conditions) for the remaining crash(es) or note that no crashes remained after the vetting process.

Determine and describe the remaining crashes after the crash vetting process. Identify contributing factors and if crashes are correctible by an engineering solution. Describe any trends that may have occurred. Include information such as design speed, curve radius, weather factors, roadway cross section, signage, etc. If no crashes remained, list the site and state no crashes passed through the vetting process.

Attachments: Crash diagrams, Vetting comments.

3.2 Diagnosis of Operational Issues (If Applicable)

3.2.1. Provide a narrative of existing operational concerns and geometric deficiencies contributing to the delay or queuing.

Describe existing conditions of each location and the contributing factors causing the deficiencies.

4. Countermeasure/Alternative Identification

4 1	Were alternatives	analyzed in	this project?	
4.I	were aiternatives	anaivzeu iii	uns project:	

For intersections only, a Phase I: Scoping Intersection Control Evaluation (ICE) is required if traffic co	ontrol changes are
considered. See FDM 11-25-3 for more information.	

4.2. Provide a brief description of the alternative(s) and the contributing factors that are being targeted:

Location:

Reason for improvement (che	eck all that apply):	Safety □	Operations
Alternative(s) General Desc		ription	How improvements address safety/operational issues
Alternative Name:			
Alternative Name:			

For each location, create a new location table. Then list the alternatives and describe the contributing factors that would be mitigated with each alternative. Indicate if the improvement is for Safety, Operations, or both.

Attachments: Safety Certification Worksheet, Alternative concept drawings

Bureau of Traffic Operations (BTO) approval is <u>required</u> for all projects that consider alternatives as part of the Safety & Operations Certification Document.



SAFETY & OPERATIONS CERTIFICATION DOCUMENT

5. Analysis Results and Economic Appraisal

Analysis Location:	List the analysis location or limits of the proposed treatment with
Allalysis Location.	the largest impact
Safety Analysis Method:	List which method is used (Method 1, 2, or 3)
External CMF Value:	List the CMF value if using an external CMF. External CMFs are any
External Civir value.	CMFs used outside of the IHSDM software.
	List the external CMF source, such as from the WisDOT CMF table.
External CMF Source:	See Traffic Engineering, Operations and Safety Manual (TEOpS) 12-
	<i>3-1.</i>
Unique Safety Analysis	List any noteworthy comments about the analysis or IHSDM inputs.
Notes:	

		Base	Alt. 1	Alt. 2	Alt. 3
Alternative Name					
	Fatal & Injury Crashes				
Safety	Property Damage Only Crashes				
Certification	Total Crashes				
Process	Crash Cost Value				
(See FDM	Project Cost				
11-38)	Net Safety Benefit				
	Net Cost				
	Safety B/C				
	Delay Cost Over Project Life				
	Net Operational Benefit				
Operations	Operations B/C				
Certification Process	Safety & Operations B/C				
(See FDM 11-52-15)	STN-Only Operational Benefit (intersections only)				
	STN-Only B/C (intersections only)				

In some cases, an alternative may be less expensive than the base case. For these cases, use the lowest cost alternative as the base case when performing the Economic Appraisal. When evaluating alternatives such as High Friction Surface Treatment or signal-related work, where resurfacing costs would be the same across all proposed alternatives, the base case cost can be \$0.

Attachments: Cost Estimates, IHSDM Crash Prediction Evaluation Reports, Highway Safety Benefit-Cost Analysis tool results (Method 1 only), IHSDM Economic Analysis Report, Operations Certification Summary (if applicable)

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6. Other Information

6.1. Describe other information relevant to the project such as community considerations, unique features, potential funding sources, etc.

ATTACHMENTS

Include all attachments in the final Safety & Operations Certification Document and submit as a single PDF.

- A. Project Information
 - a. Project Location/Overview Map
- B. Network Screening Documentation
 - a. Meta-Manager spreadsheet
 - b. Intersection Network Screening spreadsheet
 - c. Overview Map of Safety Sites of Promise Locations (optional)
- C. Diagnosis Documentation
 - a. WisTransPortal crash data spreadsheet with vetting comments
 - b. Crash Diagram(s)
- D. Countermeasure/Alternative Identification
 - a. Safety Certification Worksheet
 - b. Layout/Schematic for each alternative
- E. Analysis Results and Economic Appraisal
 - a. Cost estimate for each alternative
 - b. IHSDM Crash Prediction Evaluation Report for each alternative
 - c. IHSDM Economic Analysis Report
 - d. Highway Safety Benefit-Cost Analysis Tool results (if applicable)
- F. Operations Certification Summary (if applicable)
 - a. Turning movement counts
 - b. Diagram of traffic volumes for each analysis period
 - c. AWSC warrants
 - d. Signal warrants
 - e. Software reports for operation analysis
 - f. DT 1887
 - g. Exhibit highlighting queues vs. available storage for each analysis period
 - h. OCP Benefit-Cost Tool printouts