TRANSPORTATION OPERATIONS PLAN CHECKLIST

TOP Checklist (Use for TMP type 2, 3 & 4 - save with project files)

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| **1. Project Information** | | | | | | | |
| Project ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Transit service improvement needs identified: | | \_ | NA | \_ | Yes | \_ | No |
| Transit, ridesharing, train, shuttle and bus incentives discussed: | | \_ | NA | \_ | Yes | \_ | No |
| Ramps require metering: | | \_ | NA | \_ | Yes | \_ | No |
| Park & Ride lots identified and improved: | | \_ | NA | \_ | Yes | \_ | No |
| Signal timing/Coordination improvements identified: | | \_ | NA | \_ | Yes | \_ | No |
| Need for temporary traffic signals identified: | | \_ | NA | \_ | Yes | \_ | No |
| Street/intersections improvement identified: | | \_ | NA | \_ | Yes | \_ | No |
| Turn/parking restrictions identified: | | \_ | NA | \_ | Yes | \_ | No |
| Truck/heavy vehicle restrictions identified: | | \_ | NA | \_ | Yes | \_ | No |
| Bus turnouts identified on plans: | | \_ | NA | \_ | Yes | \_ | No |
| Ramp closures identified and shown on plan: | | \_ | NA | \_ | Yes | \_ | No |
| Railroad crossing controls identified: | | \_ | NA | \_ | Yes | \_ | No |
| Project scheduling coordinated with adjacent projects, regions/state: | | \_ | NA | \_ | Yes | \_ | No |
| Speed limit reduction considered: | | \_ | NA | \_ | Yes | \_ | No |
| Need for Temporary Concrete Barrier discussed and identified on plan: | | \_ | NA | \_ | Yes | \_ | No |
| Movable traffic barrier system identified: | | \_ | NA | \_ | Yes | \_ | No |
| Crash cushions discussed and identified on plans: | | \_ | NA | \_ | Yes | \_ | No |
| Project team/task force identified: | | \_ | NA | \_ | Yes | \_ | No |
| Construction leader & traffic control specialist identified: | | \_ | NA | \_ | Yes | \_ | No |
| TMP monitoring/inspection personnel identified: | | \_ | NA | \_ | Yes | \_ | No |
| Team meetings planned and scheduled: | | \_ | NA | \_ | Yes | \_ | No |
| Use of ITS systems discussed and identified on plan: | | \_ | NA | \_ | Yes | \_ | No |
| Fixed Message Sign: | | \_ | NA | \_ | Yes | \_ | No |
| Portable Changeable Message Signs (PCMS): | | \_ | NA | \_ | Yes | \_ | No |
| **2. Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| TOP Developed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |