|  |  |
| --- | --- |
| **CHECK LIST FOR LCCA REPORTS** |  |
| **Existing Pavement:** |
|  | **Project Type/Category:** |
| **S. No.** | **Items****to Review** | **Items Need to be Checked** | √ **/ X** | **Remarks** |
| 1,2,3 | **General** | Check Cross section, layout plan, Location / ClimateRegion, Procedures & Assumptions for inputs |  |  |
| 4 | Calculate Lane miles |  |  |
| 5 | Check Report format (segments of projects-mainline, localroads, travel way, shoulders, ramps etc) |  |  |
| 6 | Check Different Alternatives, reasonable or NOT as per location of the project |  |  |
| 7 | Existing Level of Service (LOS) |  |  |
| 8 | **LCCA Form** | Check LCCA form is filled as per PDP Manual, Appendix OO guidelines or NOT (check reasons recorded for preferred and rejected alternatives) |  |  |
| 9 | **Material****Report** | Check Material Report, Approved/reviewed or NOT |  |  |
| 10 | Check R-Value and TI Bases |  |  |
| 11 | Check structural section for all alternatives |  |  |
| 12 | **Traffic Data** | Check source of Traffic data (TI, AADT)/Traffic ForecastingUnit memo? |  |  |
| 13 | AADT: current, construction, 20 & 40 year |  |  |
| 14 | Annual growth rate |  |  |
| 15 | Check Added Time and vehicle Stopping Cost |  |  |
| 16 | Truck %age (SUT & Combination Truck %age) |  |  |
| 17 | **Initial Cost** | Check Estimate Quantities and units (calculate total quantityif selected one alternative) |  |  |
| 18 | Check Initial Cost Estimate (specially JPCP or any other competing alternative **unit cost** & quantities etc): write: - | Total Cost: |  |  |
| 19 | Considered forLCCA: |  |  |
| 20 | **Future Cost** | Check Maintenance / Rehabilitation Cost multiplier: - |  |  |
| 21 | Calculate Lane-miles |  |  |
| 22 | Check Maintenance, MSL, & Rehabilitation frequencies |  |  |
| 23 | User Cost |  |  |
| 24 | **RealCost 2.5.4 CA** | Work Zone Duration Days: Initial Construction (0 days), Rehabilitations (?) |  |  |
| 25 | Period of lane closure (lane closure chart from TMP ?) |  |  |
| 26 | Check warnings & errors |  |  |
| 27 | Compare results |  |  |

**EA#:**

**Dated:**

**X =** LCCA/or HDM guidelines not followed or incorrect information

√ **=** LCCA/or HDM guidelines followed and information provided correct