

EXHIBIT 7-B FIELD REVIEW FORM

Local Agency \_\_\_\_\_ Field Review Date \_\_\_\_\_  
Project Number \_\_\_\_\_ Locator \_\_\_\_\_  
(Dst/Co/Rte/PM/Agency) \_\_\_\_\_  
Project Name \_\_\_\_\_ Bridge No.(s) \_\_\_\_\_

1. PROJECT LIMITS (see attached list for various locations) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Net Length \_\_\_\_\_ (mile)

2. WORK DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_  
ITS project or ITS element: Yes No  
If yes, choose: High-Risk (formerly "Major") ITS \_\_\_\_, Low-Risk (formerly "Minor") ITS \_\_\_\_, Exempt ITS \_\_\_\_

3. PROGRAMMING DATA FTIP (MPO/RTPA) \_\_\_\_\_ FY \_\_\_\_\_ Page \_\_\_\_\_  
Amendment No. \_\_\_\_\_ FTIP PPNO \_\_\_\_\_ FHWA/FTA Approval Date \_\_\_\_\_  
Federal Funds \$ \_\_\_\_\_ Phases PE \_\_\_\_\_ R/W \_\_\_\_\_ Const \_\_\_\_\_  
Air Basin: \_\_\_\_\_ (CMAQ only)

4. FUNCTIONAL CLASSIFICATION:

- |  |  |
|--|--|
| <u>On the Federal-aid System</u>                                       | <u>Off the Federal-aid System</u>              |
| <input type="checkbox"/> Principal Arterial –<br>Freeway or Expressway | <input type="checkbox"/> Rural Minor Collector |
| <input type="checkbox"/> Other Principal Arterial                      | <input type="checkbox"/> Local                 |
| <input type="checkbox"/> Minor Arterial                                |  |
| <input type="checkbox"/> Major Collector                               |  |
| <input type="checkbox"/> Urban Minor Collector                         |  |

5. STEWARDSHIP CATEGORY  
High Profile (Stewardship): Yes \_\_\_ No \_\_\_  
Delegated (Stewardship): Yes \_\_\_ No \_\_\_ (a) DLAE oversight: Yes \_\_\_ No \_\_\_  
(b) District Construction Yes \_\_\_ No \_\_\_

ITS High-Risk project or element requiring FHWA oversight per stewardship: Yes \_\_\_ No \_\_\_

6. CALTRANS ENCROACHMENT PERMIT Is it required? Yes \_\_\_ No \_\_\_

7. COST ESTIMATE BREAKDOWN (\$1,000's) Fed. Participation  
(Including Structures)  
PE Environmental Process \$ \_\_\_\_\_ Yes \_\_\_ No \_\_\_  
Design \$ \_\_\_\_\_ Yes \_\_\_ No \_\_\_

	ITS System Manager or Integrator		Yes	_____	No	_____
CONST	Const. Contract	\$ _____	Yes	_____	No	_____
	Const. Engineering	\$ _____	Yes	_____	No	_____
R/W	Preliminary R/W Work	\$ _____	Yes	_____	No	_____
	Acquisition:	\$ _____	Yes	_____	No	_____
	(No. of Parcels _____ )		Yes	_____	No	_____
	(Easements _____ )		Yes	_____	No	_____
	(Right of Entry _____ )		Yes	_____	No	_____
	RAP (No. Families _____ )		Yes	_____	No	_____
	RAP (No. Bus. _____ )		Yes	_____	No	_____
	Utilities (Exclude if included in contract items)	\$ _____	Yes	_____	No	_____
	<b>TOTAL COST</b>	\$ _____				

7a. Value Engineering Analysis Required? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (Yes, if total project costs are \$50M or more on the NHS, or \$40M or more for bridges on the NHS)

8. PROPOSED FUNDING

Grand Total	Total Cost	\$ _____	Cost Share	
Federal Program #1 _____	\$ _____ Fed.	\$ _____	Reimb. Ratio _____	
(Name/App. Code) #2 _____	\$ _____ Fed.	\$ _____	Reimb. Ratio _____	
Matching Funds Breakdown	Local:	\$ _____	_____ %	
	State:	\$ _____	_____ %	
	Other:	\$ _____	_____ %	

State Highway Funds? Yes \_\_\_\_\_ Source \_\_\_\_\_ No \_\_\_\_\_

State CMAQ/RSTP Match Eligible Yes \_\_\_\_\_ No \_\_\_\_\_ Partial \_\_\_\_\_

Is the Project Underfunded? (Fed \$ < Allowed Reimb.) Yes \_\_\_\_\_ No \_\_\_\_\_

9. PROJECT ADMINISTRATION

PE	Environ Process	Agency _____	Consultant _____	State _____
	Design	_____	_____	_____

	System	Man./Integ.	_____	_____	_____
R/W	All work		_____	_____	_____
			_____	_____	_____
	Contract		_____	_____	_____
			_____	_____	_____
Construction Engineer	Contract		_____	_____	_____
Construction			_____	_____	_____
Maintenance			_____	_____	_____

Will Caltrans be requested to review PS&E? Yes \_\_\_\_\_ No \_\_\_\_\_

10. SCHEDULES: PROPOSED ADVERTISEMENT DATE \_\_\_\_\_

Other critical dates: \_\_\_\_\_

11. PROJECT MANAGER'S CONCURRENCE

Local Entity Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature & Title: \_\_\_\_\_ Phone No. \_\_\_\_\_

Is field review required? Yes \_\_\_\_\_ No \_\_\_\_\_

Caltrans (District) Representative: (if attended Field Review)	_____	Date:	_____
Signature & Title:	_____		
FHWA Representative: (if attended Field Review)	_____	Date:	_____
Signature & Title:	_____		

12. LIST OF ATTACHMENTS (Include all appropriate attachments if field review is required. See the "[ ]" notation for minimum required attachments for non-NHS projects)

- \_\_\_\_\_ Field Review Attendance Roster or Caltrans Roster
- \_\_\_\_\_ Vicinity Map (Required for Construction Type Projects)

IF APPLICABLE ( Complete as required depending on type of work involved)

- Roadway Data Sheets [Req'd for Roadway projects]
- Typical Roadway Geometric Section(s) [Req'd for Roadway projects]
- Pavement Management System Certification [Req'd for Pavement Preventive Maintenance projects]
- Major Structure Data Sheet [Req'd for HBP]                       Signal Diagram
- Railroad Grade Crossing Data Sheet                                       Collision Diagram
- Sketch of Each Proposed Alternate Improvement                       CMAQ/RSTP State STIP Match

System Engineering Review Form (SERF)

Existing Federal, State and Local ADA deficiencies  
Not included on other Attachments

Req'd for High-Risk (formerly "Major") and  
Low-Risk (formerly "Minor") ITS projects

13. DLAE FIELD REVIEW NOTES:

A. MINUTES OF FIELD REVIEWS

B. ISSUES OR UNUSUAL ASPECTS OF PROJECT

**Distribution:** Original with attachments – Local Agency  
Copy with attachments (2 copies if HBP) – DLAE