

TRANSPORTATION OPERATIONS PLAN CHECKLIST

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

1. Project Information

Project ID: 2788-00-01

Date: 7/29/2015

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

2. Comments: _____

TOP Developed by: Jennifer Sonnenberg Date 7/29/2015