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| **RD. / RTE. NO:** |  | **RD. / RTE. NAME:** |  | | **PROJECT ID:** | |  |
| **COUNTY:** |  | **PROJECT DESCRIPTION:** |  | | | | |
| **SUBMITTAL TYPE:** |  | **SUBMITTED BY:** |  | **RPG/DISTRICT/CONSULTANT:** | |  | |
| **REVIEWED BY :** |  | **REVIEW COMPLETION DATE:** |  | | | | |
|  | | | | | | | |

| **COMMENT**  **NO.** | **REFERENCE**  **(SHT NAME, NO., ETC.)** | **COMMENT** | **RESPONSE1** | **STATUS2** |
| --- | --- | --- | --- | --- |
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**Notes:**

1. *This section is to be completed by the Engineer of Record or his/her designee.*
2. *The status will be completed by Support personnel.*