Washington State Department of Transportation

Detailed Damage Inspection Report
FHWA Emergency Relief

Applicant	County(s)	FHWA Disaster No.
Location of Damage (Name of Road or Street)	Milepost From _____ To _____	Inspection Date Federal-Aid Route
Description of Damage (Include Bridge Number(s) if Applicable)		Local /State Project No(s). Functional Class

Cost Estimate (Including Preliminary and Construction Engineering)

Temporary/Emergency Repair *(Work required to restore essential travel and protect the remaining facility from immediate threat.)* Method of Work: ☐ Local/State Force Account ☐ Emergency Contract **Total Temporary Repair**	Temporary / Emergency Repair **$**
Incidental Permanent Restoration *(That portion of the permanent work which has been determined to be more economical to be constructed along with the Temporary/Emergency work.)* Method of Work: ☐ Local/State Force Account ☐ Emergency Contract **Total Incidental Perm.**	Incidental Permanent Restoration **$**
Permanent Restoration *(This work is eligible for Federal participation at the standard matching ratio. This work **must receive additional FHWA authorization before advertisement**.) Describe any proposed betterments and their eligibility.* Preliminary Engineering Right of Way Construction Method of Work: ☐ Local/State Force Account ☐ Contract **Total Perm. Restoration**	Permanent Restoration _____ _____ _____ **$**
Environmental Classification ESA, Section 106, and Section 4(f) are required on all ER work. NEPA approval is required on permanent work only.	**Total Estimated Cost** **$**

Recommendation for Eligibility ☐ Yes ☐ No	Local Agency Representative	Date
Recommendation for Eligibility ☐ Yes ☐ No	State Representative	Date
FHWA Recommendation ☐ Eligible ☐ Ineligible	FHWA Engineer	Date

DOT Form 300-001EF
(Revised 04/2011)