Sample Checklist

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	MnDOT ADA Compliance Checklist (Curb Ra					
	SP: 9999-99 City: Harveyville District: M					
	Intersection: TH 999 and Sample St Quadrant: NE					
	Ramp Type: Combined Directional Const. Year: 2099 Due to secondary					
	Attach a photo of the completed guadrant by clicking >					
	[DO NOT use Safari on iPads to upload files] (6 MB max)					
	(1) Minimum 4' wide pedestrian access route (PAR) maintained? 🛛 🐨 Yes 🔲 Nø					
	(2) Landing meets min. 4'x4' and perpendicular grade break(s)?					
The box	(3) Are landing(s) located at the top of each ramp					
highlight as red because that is	and at change(s) in direction and at inverse grades?					
the reason for non-compliance.	(4) Landing slopes (%): Initial Secondary Secondary					
	(5) Ramp's running slope (%): 4.1 TH 3.5 TH 4.6 SS 5.6 SS					
	(6) Ramp's cross slope (%): Initial Secondary Initial Secondary Initial Secondary Initial Secondary Initial Secondary Initial Secondary Initial Secondary Initial Secondary Initial Secondary Initial Secondary Initial Secondary					
	(7) Gutter flow line slope (%): 1.2 TH 0.5 SS					
	(8) Gutter inslope (%): 3.7 TH 2.1 SS TH = Trunk Highway					
	(9) Roadway cross slope (%): 4.6 TH 3.1 SS SS = Side Street					
	(10) Do truncated domes cover the entire curb opening and are					
	they properly oriented?					
	(11) Are gutter line and ramps draining properly? Yes No					
	(12) Are there any vertical discontinuities greater than 1/4"?					
	(13) Do ramps comply with Spec 25213? Yes No					
	(14) Are ramps fully compliant?					
	If NO, check the reason(s) below. Explain why ramp didn't meet compliance and how the					
	ramp has been improved from the pre-construction condition (see ADA Compliance Checklist Guidance for more info and attach pages if needed).					
	□ Topography □ Structure(s) □ Utilities ☑ Contractor □ MnDOT					
	Secondary landing not built to ADA standard.					
	No file attached					
Remember to	(15) Was the curb ramp able to be built according to the plan details? 🗷 Yes 🔲 No					
check this box before	If NO, explain:					
submission.	Printed Name: ADA Date (mm/dd/yyyy): 01/01/2099					
(I pertify that the information entered on this form is accurate to the best of my knowledge and that I fully					
	understand the checklist standards and am qualified to carry out the inspection.					

SP: 9999-99	? City: Harveyville	District: M
Intersection: TH	999 and Sample St ?	Quadrant: NE ?
Construction Yea	r: 2099 ?	
	f the completed quadrant by clicking	U Click here to attach a file
-	fari on iPads to upload files]: (6MB m	•
	on stations placed and push button fa cordance with standards? ?	aces 🕑 Yes 🗆 No
Is there a min	imum 4' x 4' landing adjacent to each	h push button? ? 🕜 Yes 🗆 No
	n crosswalk edge to push button face	Trunk Hwy Side Street
	n the push button to the back of curb; e direction of the pedestrian travel in	
5) Distance betw	veen push buttons (ft): ?	Non-compliar
6) Push button h	eight (inches): ?	
7) Push button s		0.0 Side Silveet
8) Is APS system	fully compliant? ? NON-COMPL	IANT Check
If NO , check one	of the following reasons why. Explain	n why the component(s) didn't
	e (see ADA Compliance Checklist Guid	dance for additional directions and
attach pages if n		
Topograph		Contractor MnDOT
	ing structure restrict proper placement button not placed correctly by contra	III Click here to attach a tile
	tenance access route (MAR) been ma	
	ttons situated at least 2' away from b k and ramp grade break? ?	ooth 🗌 Yes 🗷 No
	y constructed hand-hole(s) located strian access route (PAR)? ?	🗷 Yes 🔲 No
12) Push button	s placed according to the plan details	? 🛛 Yes 🔍 No
If NO, please ex		
Printed Name:		te (mm/dd/yyyy): 01/01/2099
<u> </u>	nformation entered on this form is accurate to t	
anderstand the checkl	ist standards and am qualified to carry out the ir	nspection.
	Submit to SharePoint Library	Pg 1

Remember to check box before submitting form.

ADA Project Compliance Submittal*					
*To be completed by the Project Engineer/Supervisor					
SP#: 9999-99 City: Harveyville TH(s): 99					
Project Engineer/Supervisor: John Doe Construction Year: 2,099					
Project Chief Inspector: Jay Doe					
Lead ADA Inspector: Johnny Doe					
Prime Contractor: Prime Contracting Inc.					
Project Description (Stand alone, Mill and Overlay, Reconstruction, etc)					
Mill and Overlay 2"					
Company/Firm (e.g. MnDOT) Designer Name					
Project Designed by: Somecompany LLC. Jim Doe					
List of Sub-Contractor(s) working on ADA:					
(rate 1 to 5 for each contractor, 1 being <i>poor</i> and 5 being excellent)					
Type Contractor Rating Remarks					
Electrical All Electric Corp.					
Paving Pave Master 3 No comment					
Flatwork Concreteee 5 Efficient					
Removal s Prime Contracting Inc. 2 r Hard to communicate					
Add contractor(s)					
Did Contractor(s) provide a responsible person familiar with PROWAG to be on site during all ADA construction as per Special Provisions 1803? Second Second Provisions Second Sec					
PROWAG Specialist: Johnny Doe					
Number of APS Quadrants 6 Number of NON APS Quadrants 15					
Was a portion of any quadrant required to be rebuilt or redone? Yes No					
Number of REDO's					
How many ramps needed to be redone were contractor's responsibility? -					
How many ramps needed to be redone were MnDOT's responsibility? -					
How many were plan errors? -					
Other -					
Number of NON-COMPLIANT ramps due to:					
Topography Utilities 1 Structure(s) 1					
Additional Remarks					
Smooth project overall.					
I certify that the information entered on this form and the submitted compliance checklist forms are accurate to the best of my knowledge and were completed by me or under my direct supervision.					
Submit to ADA Compliance					

DO NOT SUBI	MIT SCANNE	D COPIES DO	NOT SUBN	AIT SCAN	NED COPIES	
MnE	OOT ADA C	Complianc	e Checkli	st (Curk	o Ramp)	
SP:	City:		D	istrict:		
Intersection:			Qua	adrant:		
Ramp Type:			Cons	t. Year:		
Compile all relevant on ADAComplianceChec	-		c) of the con	npleted qu	adrant and send to	
(1) Minimum 4' wide			AR) maintain	ed? Y	es No	
(2) Landing meets m(3) Are landing(s) loc at change(s) in di	ated at the to	p of each ram	p and		res No res No	
(4) Landing slopes (%	6):	()			(10)	
(5) Ramp's running s	lope (%):	(тн) ТН	(TH) TH	(SS) S S	s ss	
(6) Ramp's cross slop	oe (%):	тн	econdary TH econdary	Initial SS Initial	Secondary SS Secondary	
(7) Gutter flow line s	lope (%):	ТН	SS			
(8) Gutter inslope (%	5):	тн	SS	тн	= Trunk Highway	
(9) Roadway cross sl	ope (%):	ТН	SS	SS	= Side Street	
(10) Do truncated domes cover the entire curb opening and are they properly oriented?						
(11) Are gutter line a	nd ramps drai	ning properly	?	Ye	es No	
(12) Are there any ve	ertical disconti	nuities greate	r than 1/4"?	Ye	es No	
(13) Do ramps comp				Ye	es No	
 (14) Are ramps fully compliant? Yes No If NO, check the reason(s) below. Explain why the ramp didn't meet compliance and how the ramp has been improved from the pre-construction condition (see ADA Compliance Checklist Guidance for more info and attach pages if needed). Topography Structure(s) Utilities Contractor MnDOT 						
(15) Was the curb ra		built accordin	g to the plar	n details?	Yes No	
If NO , please explain	:					
Printed Name: I certify that the inform understand the checklist st		n this form is acc		t of my knov	vledge and that I fully	
FILL OUT FORM /	AND SAVE. Z	IP ALL SAVE	D FILES AND	O SUBMIT	TO MNDOT ADA	

South NRESON BE		Compliance Cha	aldiat far	ADC
SP:	City:	A Compliance Che District:	ecklist for	APS
ntersection:	,	Quadrant:		
Construction Year:				
Compile all relevan		s, notes, etc) of the con <u>mn.us</u>	npleted quad	rant and send to
oriented in acco	dance with standa	d push button faces rds? adjacent to each push b		′es No ′ <mark>ê</mark> s No
	_	ush button face (ft):	Trunk Hwy	Side Street
•	ne push button to t irection of the ped	he back of curb: estrian travel in ft)	Trunk Hwy	Side Street
5) Distance betwee	en push buttons (ft):		
6) Push button hei	ght (inches):		•	
7) Push button side 8) Is APS system fu			Side Street Side Street	
		ons why. Explain why th cklist Guidance for addi Utilities	•	• •
	ns situated at least	(MAR) been maintained 2' away from both ak?	l? Yes Yes	No No
11) Are all newly co outside of pedestri	onstructed hand-ho	ole(s) located	Yes	No
12) Push buttons p If no, please descri	-	the plan details?	Yes	No
		Date (mm/dd/yy is form is accurate to the best lified to carry out the inspection	of my knowled	ge and that I fully

ADA Project Compliance Submittal*						
*To be completed by the Project Engineer/Supervisor						
SP#:	City:		TH(s):			
Project Engine	eer/Supervisor:		Construction Year:			
Project C	hief Inspector:					
Lead A	DA Inspector:					
Prim	e Contractor:					
Project Desc	cription (Stand alor	ne, Mill and Ove	rlay, Reconstruction, e	tc)		
Project Designed by:	Company/Firm (e.g. M	nDOT)	Designer Name			
	List of Sub Car	tractor(s) worki				
Type Contractor Rating Remarks Did Contractor(s) provide a responsible person familiar with PROWAG to be on site during all ADA construction as per Special Provisions 1803? Yes No PROWAG Specialist: Yes No Yes No						
Number of APS	Quadrants	Number of NO	N APS Quadrants			
Was a portion of any quadrant required to be rebuilt or redone? Yes No <u>Number of REDO's</u> How many ramps needed to be redone were contractor's responsibility? -						
How many ramps needed to be redone were MnDOT's responsibility? -						
How many were plan e	rrors? -					
Other -						
Number of NON-COMP Topography	•	Utilities	Structure	(s)		
Additional Remarks						
I certify that the information entered on this form and the submitted compliance checklist forms are accurate to the best of my knowledge and were completed by me or under my direct supervision.						