

Bridge Location and Description

Hwy. No. _____ Over Bridge No. _____
 Under
 Year Built _____ Year Remodeled _____ Replaces Br. _____
 Bridge Type _____ County _____ Ref. Pt. _____
 Description _____
 Location _____

Data for Basis of Report (Check all that apply)

- Bridge Inventory File
- Previous Bridge Rating and Load Posting Report
- Bridge Plans
 - New
 - Overlay
 - Repair/Reconstruction
 - Other Dead Load Modifications
- Bridge Inspected by _____ Date _____
 - Damaged Component _____
 - Deteriorated Component _____

NBI Condition Ratings

Deck _____
 Superstructure _____
 Substructure _____
 Culvert _____
 HCADT _____

Types of Analysis:

- Manual
- AASHTOWare BrR, V. _____
- Computer*
- Other*

Method of Rating (Check appropriate box)

- Load Factor (LFR)
- Allowable Stress (ASR)
- Load & Resistance Factor (LRFR)
- Field Eval./Doc. Engineering Judgment
- Assigned LFR
- Assigned LRFR
- Load Testing

Design Load _____
 Design Method _____

Summary of Rating and Load Posting Analysis

Load Posting		Required <input type="checkbox"/> Not Required <input type="checkbox"/>			Bridge Rating			
Sign	TONS			Inventory		Operating		
R12-1a <input type="checkbox"/>				HS <input type="checkbox"/>	RF <input type="checkbox"/>	HS <input type="checkbox"/>	RF <input type="checkbox"/>	
R12-5a <input type="checkbox"/>				HS <input type="checkbox"/>	RF <input type="checkbox"/>	HS <input type="checkbox"/>	RF <input type="checkbox"/>	
R12-5 <input type="checkbox"/>	M3	M3S2-40	M3S3-40					
R12-X11 <input type="checkbox"/>								
R11-2a <input type="checkbox"/>	BRIDGE CLOSED							
				Overweight Permit Codes				
				A _____	B _____	C _____		

I hereby certify that this report was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer under the laws of the State of Minnesota.

Signature: _____ Date: _____
 (Typed or Printed) Name: _____ License No. _____
 (Typed or Printed) Employed by (Agency/Firm): _____

My signature below indicates that I have read and fully agreed with the load rating report.

Program Administrator's Signature: _____ Date: _____

MINNESOTA DEPARTMENT OF TRANSPORTATION
PHYSICAL INSPECTION RATING
(Per AASHTO - The Manual for Bridge Evaluation, 6.1.4)

Bridge No. _____ Rated By _____ Checked By _____

Problem leading to this physical inspection rating: _____

Describe bridge: Spans, lengths, widths, depths, deck, wearing course, etc.

Describe Bridge Condition: _____

Other Remarks: _____

Bridge Sketch