

Geotechnical Engineering Work Order

General Project Information:

Requested by:		Project Manager:		Date:
Phone Number:			Email: @state.mn.us	
District:	County(ies):		City(ies):	
State Project (SP):		TH:	Charge ID (T#):	
Project Name (Use PPMS Header Info):				
Location: (attach map)				
Let date:		Start date:		End date:
P6 Schedule: <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be one: <input type="checkbox"/> Yes <input type="checkbox"/> No		How will this project be managed?		Anticipated Duration: _____ days
Is a consultant involved: <input type="checkbox"/> Yes <input type="checkbox"/> No			Consultant name:	

Description of Work Requested:

Project stage is in: <input type="checkbox"/> scoping; <input type="checkbox"/> pre-design; <input type="checkbox"/> final design; <input type="checkbox"/> construction; <input type="checkbox"/> design/build; <input type="checkbox"/> cmgc <input type="checkbox"/> maintenance <input type="checkbox"/> other: _____	
Project type: <input type="checkbox"/> roadway; <input type="checkbox"/> bridge; <input type="checkbox"/> culvert; <input type="checkbox"/> retaining walls; <input type="checkbox"/> noise walls; <input type="checkbox"/> HTC/B; <input type="checkbox"/> OH signs; <input type="checkbox"/> high mast lights <input type="checkbox"/> signals; <input type="checkbox"/> slope stability/poor soils; <input type="checkbox"/> rockfall; <input type="checkbox"/> vibration; <input type="checkbox"/> ground water; <input type="checkbox"/> building; <input type="checkbox"/> grading and base; <input type="checkbox"/> geotextiles; <input type="checkbox"/> other: _____	
Plan drawings and specifications are: <input type="checkbox"/> available <input type="checkbox"/> not available Link to plan location:	
Work requested:	
Site accessibility/issues:	
Equipment required:	
Name of resident engineer (RE):	
RE phone number:	

Office use only

Functional group assigned: <input type="checkbox"/> geology; <input type="checkbox"/> grading and base; <input type="checkbox"/> foundations			
Project assigned to:		Phone number:	Email: @state.mn.us
Team member:		Phone number:	Email: @state.mn.us
Team member:		Phone number:	Email: @state.mn.us
Travel req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No		# of trips: _____	Total miles: _____ (attach maps)
Vehicle req'd: <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of vehicle:	
Equipment required:			