

CHAPTER I
GENERAL INFORMATION

County _____ Route _____ Job Number _____

Project Estimate Quality Assurance Report

Currently Programmed in STIP (Select One):

PE Only Right of Way Construction

Project Development Stage (Select One):

Project Initialization
Conceptual Plan/Environmental Document
Preliminary Plan
Right of Way Plan
Contract Plans

1. Has an estimate for the current milestone been made? Yes No

Comments: _____
Recommendations: _____

2. Does the file contain or describe the following (Please indicate):

Assumptions made PATS Forms (all prior)
 Aerial or map Project Manager Review Certification
 Functional classification Scope of work
 Design criteria As-built plan
 Other documentation to clearly define the project

Comments: _____
Recommendations: _____

3. Does the file contain a copy or reference to the source of unit cost or cost per mile used for the estimate?

Yes No

Comments: _____
Recommendations: _____

4. A copy of the current Final PATS form that matches the current estimate is filed.

Yes No

Comments: _____
Recommendations: _____

5. Documentation for the right of way estimate is provided, including right of way Cost Estimate Transmittal (Form 3-3.3.3c)

N/A Yes No

Comments: _____
Recommendations: _____

6. Documentation for the grading and drainage costs is provided.

Yes No

Comments: _____
Recommendations: _____

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7. Documentation for the base and surfacing costs are provided.
 Yes No

Comments: _____
Recommendations: _____

8. Documentation for the bridge costs is provided and correct.
 Yes No

Comments: _____
Recommendations: _____

9. Documentation for the miscellaneous costs is provided.
 Yes No

Comments: _____
Recommendations: _____

10. Documentation for the utility estimate is provided and correct.
 Yes No

Comments: _____
Recommendations: _____

11. Documentation for the P.E. costs is provided and correct.
 Yes No

Comments: _____
Recommendations: _____

12. Documentation of the project purpose and need, traffic handling and construction incentives have been made and are accounted for in the estimate.
 Yes No

Comments: _____
Recommendations: _____

13. Does the estimate appear to be reasonable and accurate?
 Yes No

Comments: _____
Recommendations: _____

14. Have the changes of the cost estimate been documented and reviewed by the project manager?
 Yes No

Comments: _____
Recommendations: _____

Signature: _____

Quality Assurance Reviewer: _____

Date: