

Sidewalk Inspection Form

Must be filled out for every sidewalk constructed in County right-of-way in Sacramento County. This form must be filled out and submitted within ten days of construction to the SacDOT Program Access Coordinator.

5710501				the SacDOT Hogram Access C	Columnator.	
Street:	Project Name:					
Sides of Street: $\hat{\mathbf{J}}_{N} = \hat{\mathbf{J}}_{S}$	ί _w					
Nearest Cross-St	eets:					
STREET		Î s	TREET			
۾ ۾		<i>ڄ</i>	<i>چ</i>	Check all that apply:		
Vertical Curb F	Rolled curb	No Curb	Planter strip	entire length Partial length	ı planter strip	
 CROSS-SLOPE 1.5%. F NO GAPS WIDER THAN SURFACE CONCRETE (NO DROP-OFF GREATE NORTH OR WEST SIDE OF	1/2". DR ASPHALT, ER THAN 4" A'	BROOM FINIS	H OR EQUAL S PLANTER STR			
SIDEWALK CLEAR WIDTH		СТ	16.1			
SIDEWALK CLEAR WIDTH		F1 FT				
PLANTER STRIP WIDTH: (PUT "0" IF NO PLANTER S	B:			A		
RUNNING SLOPE: C1:	% C2:	% C3:	%			
CROSS-SLOPE: D1:	% D2:	% D3:	%	В		
OTHER SPECIFIC CONDIT	TONS:			↑ c		
SOUTH OR EAST SIDE OF	STREET:			↓	E	
SIDEWALK CLEAR WIDTH	: E1:	FT	<i>IN.</i>			
		FT			F	
	E3:	FT	<i>IN.</i>		G	
PLANTER STRIP WIDTH: (PUT "0" IF NO PLANTER S		FT	IN.			

Inspected/measured by (print):______ Date Field Measured:_____

RUNNING SLOPE: G1: ______ % G2: _____ % G3: ______ % CROSS-SLOPE: H1: _____ % H2 _____ % H3: _____ %

OTHER SPECIFIC CONDITIONS: _____
DRAW ALL OBSTRUCTIONS OR HAZARDS ON THE PLAN:

<u>Directions</u>: Three measurements shall be taken at various locations along the sidewalk. None of the three recorded measurements may exceed the limits indicated above. See reverse side for Compliance with Standards.

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Compliance with Standards:

Note: All sidewalks should comply with SacDOT's current design and construction standards. Where it is infeasible to construct or reconstruct a sidewalk to current standards, the Designer or Inspector must complete the Findings for Non-compliance Element(s) section below and state what the non-compliant element(s) are and the reason for the non-compliance. A drawing or picture can be included in the box below. After completing this form, submit it to the SacDOT Program Access Coordinator for acceptance and then signature by the Director of SacDOT.

Findings for Non-Complia	nce Element(s):		
			Picture or Drawing, if needed
			A 11 OF CD: 131
signer/Inspector Date Revie Progr		Approved by SacDOT Director Date	Approved by Chief, Disability Compliance, Sac. Co. Date
signer/Inspector Signature R	eviewed by Signature	SacDOT Dir. Signature	Chief Disability Comp. Signa Page 2