

Nebraska Department of Roads
Critical Finding Report

Part I *(To be completed by inspector within 48 hours)*

NBI Structure No.		Roadway Carried:		Feature Intersected:	
Date Finding Discovered:	Finding Inspected By: <i>(Print Name)</i>		Inspector's ID Number:	Inspector's Employer:	
Finding Discovered During: <input type="checkbox"/> Scheduled Inspection <input type="checkbox"/> Load Rating <input type="checkbox"/> Other _____					
Description of Critical Finding: <i>(Attach Photos)</i>					
Immediate Action Recommended: <input type="checkbox"/> Close Bridge <input type="checkbox"/> Close Lane(s) <input type="checkbox"/> Other _____					
Copy of Part I sent to: <input type="checkbox"/> NDOR - Bridge <input type="checkbox"/> District Engineer <input type="checkbox"/> Hwy. Supt. <input type="checkbox"/> Other _____					

Part II *(Initial Report to be completed by Bridge Owner's Representative within five days)*

Part II Submitted By: <i>(Print Name)</i>		Job Title:		Date Part II Submitted:	
Immediate Action Taken: <input type="checkbox"/> Close Bridge <input type="checkbox"/> Close Lane(s) <input type="checkbox"/> Other _____					
Owner's Anticipated Plan for the Bridge: <i>(Repair, Replace, Remove, Permanently Close, Load Post, etc.)</i>					
Copy of Part II sent to: <input type="checkbox"/> NDOR - Bridge <input type="checkbox"/> District Engineer <input type="checkbox"/> Hwy. Supt. <input type="checkbox"/> Other _____					

Part III *(Intermediate/Final Report to be completed by Bridge Owner's Representative)*

Part III Submitted By: <i>(Print Name)</i>		Job Title:		Date Part III Submitted:	
Note: Before a closed bridge may be reopened to traffic, if the repairs are NOT in-kind, a licensed engineer must approve any structural repairs, the bridge must be load rated and the bridge must be re-inspected. In-Kind repair: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Description of Final Action Taken: <i>(Attach Photos, Plans, etc.)</i>					
Copy sent to: <input type="checkbox"/> NDOR - Bridge <input type="checkbox"/> District Engineer <input type="checkbox"/> Hwy. Supt. <input type="checkbox"/> Other _____					

Part IV *(To be completed by owner – If structural repairs were made to correct the critical finding)*

Repair Plans Approved By: <i>(Print Engineer's Name and Company)</i>			Load Rated By: <i>(Print Engineer's Name and Company)</i>		
Date Repairs Completed:	Follow-up Inspection Date:	Follow-up Inspection By: <i>(Print Name)</i>	Inspector's ID No.:	Inspector's Employer:	