**CFDR**[ ]

 **UPDATE**[ ]

**CRITICAL FINDING DAMAGE REPORT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency Name:** |  **SID** | **Bridge Number** | **MP** | **Incident Date** |
| Choose from list. |  Click here to enter text. | Click here to enter text. | Click here to enter text. | Click to enter a date. |
| **Bridge Name:** | **CFDR Date:** | **Check all that apply** |
| Click here to enter text. | Click to use pull down menu. |  |
| **Lead Inspectors Name/CFDR Author** | **Lead Inspectors Cert#** | Bridge Closure |[ ]
| Click here to enter text. | Click to enter text. | **Lane Closure** |[ ]
| **Co-Inspectors Name** | **Inspection Date** | **Temporary Load Posting** |[ ]
| Click here to enter text. | Click to use pull down menu.. | **Other restriction** |[ ]
| **Incident Reported to Owner Agency by:** | **Date Reported** | **Phone No.** |
| Click here to enter text. | Click to use pull down menu. | Click here to enter text. |
| **Incident** |
| **Description of Incident** |

Click or tap here to enter text.

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| **Description of Damage to the Structure** |

Click or tap here to enter text.

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| **Mitigation Measures Taken** (And explain in more detail any closures, postings, restrictions or other actions taken) |

Click or tap here to enter text.

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| **Description of Recommended Repair(s)** (This may be added while onsite or sometime after the field visit prior to submitting) |

Click or tap here to enter text.

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| **CFDR Update:** |
| Description of Update |

Click or tap here to enter text.

|  |  |
| --- | --- |
| **Update Submitted By:** | **Date Submitted:** |
| Click here to enter text. | Click to use pull down menu. |

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| **Post Repair Update : For use by the Repair Specialist**This section to be completed within 1 month after verified completion of recommended repair. |
| **Description of Work Done** |

Click or tap here to enter text.

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| --- | --- | --- |
| **Date of Repair Completion or Owner Agency Verification Date If Completion Date Is Unknown** | **Update Submitted By (Print Name)** | **Date Submitted** |
| Click to use pull down menu. | Click here to enter text. | Click to use pull down menu. |