

Transportation Management Plan (TMP) Form

Responsible Professional Engineer: _____

FDOT Project Manager: _____

State Road: _____

Project Location: _____

Roadway ID: _____

Project Limits (MP): From _____ to _____

Project Description: _____

Financial Project ID: _____

New Const. RRR

Federal Aid Number. _____

Other _____

FHWA Projects of Division Interest Yes No

In accordance with the requirements of the FDOT Design Manual (FDM) Chapter 240, the following items determine the scope and need of a Transportation Management Plan (TMP). Complete the following checklist and provide brief descriptions of the items included, as appropriate.

Indicate if the project meets one or both of the following qualifying conditions as “significant project”:

- A project that, alone or in combination with other concurrent projects nearby, is anticipated to cause sustained work zone impacts.
- All Interstate system projects within the boundaries of a designated Transportation Management Area (TMA) that occupy a location for more than three days with either intermittent or continuous lane closures.

If either or both above qualifying conditions are met, indicate compliance with the following documents in development of a TMP for the Project:

- FDOT Design Manual***
- FDOT Standard Plans***
- FDOT Standard Specifications for Road and Bridge Construction***
- FDOT Basis of Estimates Manual***
- Manual on Uniform Traffic Control Devices for Streets and Highways, (MUTCD), Part VI***

- Policy on Geometric Design of Highways and Streets, AASHTO*
- Roadside Design Guide, AASHTO, Chapter 9*
- FDOT Accessing Transit Handbook, Chapter 4.6.*
- AASHTO Guide for the Development of Bicycle Facilities, 4th Edition, Chapter 7*

TMP Components:

Indicate that the following TMP Components have been addressed on the project:

Temporary Traffic Control Plan (TTCP)

Work Zone Speed Established

Speed Reduction Required (Y/N)

If yes, is the “*Work Zone Speed less than Existing Posted Speed*” documentation completed (Y/N)

Reduced Work Zone Speed: _____

Lane Closure Analysis

If included, was the “*Lane Closure Analysis Worksheet*” and any restrictions requiring approval completed (Y/N)

Was the Lane Closure Analysis coordinated with the impacted agencies for concurrence (Y/N)

Lane Closure Time: _____

Traffic Pacing

If included, was the “*Traffic Pacing Worksheet*” completed (Y/N)

Portable Changeable Message Signs

If included, was the “*Portable Changeable Message Sign Worksheet*” completed (Y/N)

Bicycle, Pedestrian, and Transit Accommodations

Railroads

Was the District Railroad Coordinator consulted (Y/N)

Utilities

Was the District Utility Coordinator consulted (Y/N)

Signals

Was the District Traffic Operations Engineer consulted (Y/N)

Speed and Law Enforcement Officer

Was the District Construction Office consulted or any usage requiring approval completed (Y/N)

Detours

Were detours coordinated with impacted agencies (Y/N)

Transportation Operations Plan (TOP):

Briefly describe TOP components included on the project. If a comprehensive plan has been prepared, indicate below, and attach.

TOP Description:

Public Information Plan (PIP):

Briefly describe PIP components included on the project. If a comprehensive plan has been prepared, indicate below, and attach.

PIP Description: