

**ALABAMA DEPARTMENT OF TRANSPORTATION
WEEKLY REPORT OF RAILWAY INSPECTION AND/OR FLAGGING**

Project No.: _____ Date: _____
 County: _____ Area: _____

INSPECTION BY RAILWAY			
Name of Inspector		Date(s) of Inspection	
Residence		Base Location	
Explain Need For Railway Inspector			
Time of Inspection	Begin	End	Total Hours

FLAGGING BY RAILWAY			
Name of Flagman		Date(s) of Flagging	
Residence		Base Location	
Time of Inspection	Begin	End	Total Hours

FLAGGING BY RAILWAY			
Name of Flagman		Date(s) of Flagging	
Residence		Base Location	
Time of Inspection	Begin	End	Total Hours

REASON FOR NEED OF FLAGGING SERVICE (ALDOT REIMBURSEMENT)
<input type="checkbox"/> Working Within Specified Track Clearance <input type="checkbox"/> Working Over Tracks <input type="checkbox"/> Work Likely to Disturb Surface and Alignment of Tracks <input type="checkbox"/> Other Work Within Railway R.O.W. <input type="checkbox"/> Other:

REASON FOR NEED OF FLAGGING SERVICE (CONTRACTOR REIMBURSEMENT)*
<input type="checkbox"/> Transporting Materials and/or Equipment Across Temporary Grade Crossing <input type="checkbox"/> Other:

DESCRIPTION OF CONTRACTOR'S OPERATIONS WITHIN VICINITY OF RAILWAY

SIGNATURES:

_____ ALDOT Representative

_____ Railway Inspector

_____ Railway Flagger

_____ Railway Flagger

_____ Contractor's Representative *

* (Required only if reimbursement must be made by the contractor to the railway company.)