STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

850-055-12 MAINTENANCE 10/19

CRASH CUSHION INSPECTION REPORT

| Maintenance Unit: | | | | | | | | |
|--|-----------|-------|-----------|---|--|----------|-----------|-----|
| CO SECT NO | SR NO | US NO | MP STA | VEH DIR | LOC | LOCATION | ON REMARK | (S |
| CRASH CUSHION TYPE MODEL NO | | | INSPECT | ION TYPE | | | | |
| Type I Inspection Type II Inspection | | | | | | | | |
| Yes No 1. Hit Damage or Misalignment 2. Damaged Concrete Pad 3. Vegetation/Debris Build-up 4. Damaged or Missing Parts 5. Other | | | | Hit Damage or Misalignment Damaged Concrete Pad Vegetation/Debris Build-up Functional Cartridges Functional Nose Assembly Functional Guide Cables/Rail Secure Anchor Chains/Bolts | | | Yes No | N/A |
| Inspected Co | | | | | | | | |
| ☐ GOOD ☐ FAIR ☐ POOR ☐ CRITICAL | | | | 9. Sec 10. Van | 8. Functional Diaphragms9. Secure Fender Panels10. Vandalism11. Other | | | |
| Comments/Corrective Action: | | | | | | | | |
| | | | | | | | | |
| Inspector:Print | | | | Sigr | ature | | Date | e |
| Unit Manager:Print | | | Signature | | | Date | | |
| Corrections Cor | Signature | | | Date | | | | |