RE 71-17

Rev. 5-2007

**DEPARTMENT OF TRANSPORTATION**

**ANNUAL SITE INSPECTION CHECKLIST WITH PHOTOS**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ODOT Agreement No. |  | County: | |  | | | | | |
|  | | Route: |  | | | | | | |
| ODOT Inspector | | Section: | |  | | | | | |
|  | | Parcel(s): | | |  | | | | |
|  | | State Job No.: | | | |  | | | |
| ODOT Inspector Address and Phone Number | | PID: | |  | | | | | |
|  | | Begin Rental Date: | | | | | | |  |
|  | | Ending Rental Date: | | | | | | |  |
| Tenant Name and Phone Number | | Agreement Complied With  Yes  No (explain) | | | | | | | |
|  | | Rental Amount: | | | | |  | | |
|  | | Pmt. Due Date: | | | | |  | | |
| Tenant Notification Address | | Tenant: Site or P.M. | | | | | | |  |
|  | |  | | | | | | | |
|  | |  | | | | | | | |
|  | |  | | | | | | | |
| Location of State Owned Property | | Names of Individuals Present for Inspection | | | | | | | |
| Payment Cycle: Monthly  Yearly  Other | | Inspection Date: | | | | | |  | |

(Comment Section Below will expand as Needed) **(Attach Photos, Especially Of Non-Compliance Conditions)**

**General Comments:**

**Describe Non-Compliance:**

**Describe Plan To Bring Into Compliance With Dates:**

**Describe Followup To Plan With Dates:**

**Described Reinspection Results With Dates:**

**If Not In Compliance Describe Followup Plan:**