



Precast Concrete Fabrication Request Sheet				
Fabricator			Division	
Primary Drawing Type				
Secondary Drawing Type				
Drawing Number (# of sheets)			Structures Review Reqd	Geotech Review Reqd
Contract Number				
Item #				
Description				
Contact Information	Name			
	Email		<input type="checkbox"/>	<input type="checkbox"/>
	Ph#			

General Review Requirements: The attached drawings and calculations are to be reviewed in accordance with Materials Procedure MP 05-04. MP 05-04 contains drawing review procedures, routing information, and each groups review responsibilities. The Fabrication Request Sheet (FRS) must be signed by each group responsible for drawing review before the Thruway Authority will approve the drawing.

<b>Fabricator Responsibilities</b>	Prepares Drawings per MP 05-04 and submits this sheet with the drawings to the Contractor and the Thruway Authority (if required).	Date Submitted			
		Comments			
<b>Contractor Review</b>	Reviews Drawings per MP 05-04, and signs this form accordingly. Submit the signed FRS with the contents of the submission to the Project Engineer for review.	Date Received		Date Completed	
		Review Status			
		Contact info	Name/Title		
			Ph#/Email		
<b>Project Engineer Review</b>	Reviews drawings per MP 05-04 and forwards the completed FRS to the Contractor and cc's the Thruway Design Project Manager and Materials Engineer.	Date Received		Date Completed	
		Review Status			
		Contact info	Name/Title		
			Ph#/Email		
<b>Structural Design Review</b>	Reviews drawings and design calculations per MP 05-04 and completes the FRS accordingly.	Date Received		Date Completed	
		Review Status			
		Contact info	Name/Title		
			Ph#/Email		
<b>Geotechnical Design Review</b>	Reviews drawings and design calculations per MP 05-04 and completes the FRS accordingly.	Date Received		Date Completed	
		Review Status			
		Contact info	Name/Title		
			Ph#/Email		
<b>Design Project Manager Review</b>	Reviews and approves drawings per MP 05-04. Returns approved drawings and FRS to the Fabricator and Project Engineer.	Date Received		Date Completed	
		Review Status			
		Contact info	Name/Title		
			Ph#/Email		

Signatures Required for Approval	Drawing Type				
	Contract Specific	Fabricator Standard	NYSDOT or Non-Agency Standards	Layout Drawing	Cut Sheet
Contractor	X	X	X	X	X
Project Eng	X	X	X	X	X
Structures	*				
Geotech	*			*	
Thruway	X		**	X	

\* When design calculations are included, review is required. \*\* For Non-Agency Standards procedure see Appendix D of MP 05-04