## **REPORT OF CRITICAL FINDINGS**

COUNTY:			DATE:	
STRUCTURE NUMBER:				
FEATURE INTERSECTED:				
ROAD CARRIED:				
LOCATION:				
TEAM LEADER (Name, Organi	zation, telephone, email):			
Was Critical Finding Based On Load Rating? Yes No				
Critical Findings (include photos, sketches, etc):				
<b>RECOMMENDED ACTION:</b>				
Recommended Repairs:				
Repairs Made (Include sk	etches photos,etc.)			
Repairs Made (Include sk	etches photos,etc.)			
Repairs Made (Include sk	etches photos,etc.)			
Repairs Made (Include sk	etches photos,etc.)			
Repairs Made (Include sk	etches photos,etc.)	Owner Notified?	Yes	No
	etches photos,etc.)	Owner Notified?	Yes	No
	etches photos,etc.)	Owner Notified?	Yes	No
			Yes	No





