

MOR/NTREC Research Project Assessment

Minnesota Department of Transportation - Office of Maintenance

MOR

NTREC

Project Name:

Date:

Project Information

District(s): T

Truck station(s):

Project contact name:

Phone:

Email:

Funding

Number of units and/or amount of material purchased and tested:

Total cost:

Amount requested:

District hard match:

Vendor and/or Product Information

Product name:

Make/model # (if applicable):

Company name:

Vendor contact name:

Phone number:

Email:

Website:

Product web page:

Additional Information

1. Did you solve the problem you hoped to address with this project? Please explain.

2. In which primary Products and Services category does this project fall? Please select one sub-item from the appropriate category listed below.

MnDOT Products and Services – Operations and Maintenance				
1) Bridges and Structures Inspection and Maintenance	2) Road and Roadside Maintenance	3) Snow and Ice	4) Traffic Operations and Maintenance	5) Other

3. What were the benefits/savings of implementing this project? Please describe based on the Product and Service selected in #2 (category/sub-item).

Saved Costs (labor,
equipment, materials)

Improved Quality

Improved Safety

4. Does this project have the potential for statewide and/or district-wide implementation?

Statewide

District-wide

If yes, please explain:

5. How would you rate the vendor's level of support during this project?

(Scale = 1 to 5, worst to best)

Please explain:

6. Please share with us any other information or comments related to this project.

(i.e. your experience, lessons learned, suggestions, etc.)

7. Support documents - Please attach to your email, any of the following items that provide further details about the project.

- Pictures
- Videos
- Operators questionnaires/surveys
- Feds approval letter
- Other

Assessment Submission

Area Maintenance Engineer Support: I have reviewed and approve this research project assessment.

Signature: _____

Date:

Submit this completed and signed form, including all supporting documents, to:

Ryan Sodd
MOR Program Manager
Mail Stop 722
ryan.sodd@state.mn.us
651-366-3585

For questions or other information, contact Ryan Sodd or Tom Peters at 651-366-3578.