

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						
	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.							
Fabricator Responsibilities	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				
Contractor Review	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				
Project Engineer Review	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				
Structural Design Review	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				
Geotechnical Design Review	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				
Design Project Manager Review	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							