

State of Hawaii
Department of Transportation

HIGHWAY FACILITIES MAINTENANCE INSPECTION

CREW _____

DATE OF INSPECTION _____

ROUTE NO. _____

MILE POST _____

AREA _____

INSPECTED BY _____

CHARGE CODE _____

Name of highway or Structure

Control Section or Mile Post

- ☐ No apparent deficiencies.
- ☐ The following deficiencies were noted:

- ☐ Refer to previous report.
- ☐ The following new deficiencies were noted:

DEFICIENCIES

RECOMMENDED ACTIONS

Approved

Completed

Maint. Engr _____

By _____

Date: _____

Steno _____

Sample _____

Print Last Page _____