



Maintenance Recommendation Report

Work Assignment Date _____

Work Completion Date _____

Structure
Number _____

Route _____

Dir _____

County _____

Work Category

- | | | | |
|--|----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Approach | <input type="checkbox"/> Channel | <input type="checkbox"/> Curb or Railing | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> Slope | <input type="checkbox"/> Superstructure | <input type="checkbox"/> Substructure |

Description of work completed.

Work
Hours _____

Travel
Hours _____

Material
Cost _____

Sq. Yds.
Deck Repair _____

Name _____

Title _____

ORG _____

Phone Number
Office / Cell _____

Our mission is to provide a world-class transportation experience that delights our customers and promotes a prosperous Missouri.