



ALDOT RAIL-HIGHWAY PROGRAMS DIAGNOSTIC REVIEW REQUEST FORM

FORM TO BE COMPLETED AND SUBMITTED BY ROAD AUTHORITY OR RAILROAD.

The purpose of a diagnostic review is to conduct a field survey using a "Diagnostic Team" composed of experienced individuals knowledgeable in key disciplines including crossing design, safety, engineering, rail operations and signals, and traffic engineering. The intent of the diagnostic review is to ensure site-specific features are considered in adapting guidance and standards for treatments to address issues at crossings.¹

- Road Improvement Project (Construction/Maintenance Resurfacing Project)** - ALDOT will determine if a diagnostic review is needed upon review of request.
- New Crossing** - A review is required for new or existing public roadway or pathway crossing a rail line or for new rail lines to cross an existing public roadway or pathway.
- Crossing Safety Improvements Request**- ALDOT will determine if a diagnostic review is needed upon review of request.

CROSSING IDENTIFICATION

STREET/ROAD NAME (INCLUDE COUNTY/STATE/US ROUTE)		DATE
COUNTY	CITY/TOWN (IN OR NEAR)	CROSSING INVENTORY NUMBER (DOT # I.E. 123456A)
ROAD AUTHORITY		IF APPLICABLE, PROVIDE ALDOT FA PROJECT NUMBER
RAILROAD OWNER (IF UNKNOWN, INCLUDE PRIMARY OPERATING RAILROAD)		IF APPLICABLE, PROVIDE ALDOT CPMS NUMBER
TRAIN MOVES (Projected if new track) _____ PER _____ (DAY/WEEK/ETC)		
CURRENT ADT/YEAR*	PROJECTED ADT (MAX. 5 YEARS OUT)/YEAR	

* DOCUMENTATION OF CURRENT ADT (WITHIN 3 YEARS/24 HOUR STUDY) MUST BE PROVIDED

PROJECT INFORMATION

BRIEF DESCRIPTION OF PROPOSED PROJECT/SCOPE OF WORK AT CROSSING/REASON FOR REQUEST (ATTACH ADDITIONAL SHEETS IF NECESSARY)		
ROADWAY DIMENSIONS	CURRENT	PLANNED
NUMBER OF LANES		
ROAD SURFACE TYPE		
SHOULDER TYPE		
CROSSING SURFACE TYPE		
ROAD WIDTH		
SHOULDER WIDTH		
CROSSING WIDTH		
CURB & GUTTER	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
PROXIMITY OF WORK TO NEAREST RAIL IN CROSSING: _____ FT.	PROJECT FUNDING SOURCE (CHECK ONE): <input type="checkbox"/> LOCAL <input type="checkbox"/> FEDERAL-AID <input type="checkbox"/> STATE <input type="checkbox"/> RAILROAD	
WILL ROADWAY ELEVATION CHANGE IN RELATION TO CROSSING ELEVATION?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
WILL ALIGNMENT OF THE ROADWAY CHANGE? (IF YES, PLEASE EXPLAIN ABOVE)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CONTACT INFORMATION

NAME/TITLE	PHONE	FAX
ORGANIZATION	E-MAIL	
ADDRESS	CITY	STATE ZIP CODE

Return completed form with a copy of any applicable design concept or plan layouts, if available, to:
Alabama Department of Transportation
ATTN: Rail-Highway Programs Group (DESIGN)
1409 Coliseum Blvd, Montgomery, AL 36110
Email: aldotrail@dot.state.al.us

¹ Highway-Rail Crossing Handbook, 3rd Edition (2019). Washington, DC: U.S. Department of Transportation, FHWA and FRA,