

Culvert Assessment Form

CROSSING DATA

For multiple culvert crossings use one sheet per culvert. Go from left to right, standing at inlet looking downstream.

Crossing Code: _____ Local ID: (Optional) _____ Date Observed: (00/00/0000) ____/____/____ Lead Observer: _____

Number of Culverts: ____ Culvert ____ of ____ Stream: _____ Road: _____

Location: (St.#, Pole#, Etc.) _____ Town: _____ County: _____ State: _____

GPS Coordinates: ____ . ____ °N Latitude ____ . ____ °W Longitude Time: _____ Weather: _____

Crossing Type: Bridge Culvert Multiple Culvert Ford No Crossing Removed Crossing Buried Stream Inaccessible Partially Inaccessible
 No Upstream Channel

Culvert Material: Metal Concrete Plastic Wood Rock/Stone Fiberglass Combination Length of Culvert: _____

INLET

Apurtenance: Headwall Wingwalls Headwall & Wingwalls Mitered To Slope Projecting Flush Recessed Other None
 Inlet Shape: 1 2 3 4 5 6 7 Inlet Dimensions: A. Width: ____ B. Height: ____ C. Substrate/Water Width: ____ D. Water Depth: ____ E. Abutment Height: ____
 Inlet Grade: At Stream Grade Inlet Drop Perched Clogged/Collapsed/Submerged Unknown

OUTLET

Apurtenance: Headwall Wingwalls Headwall & Wingwalls Mitered To Slope Projecting Flush Recessed Other None
 Outlet Shape: 1 2 3 4 5 6 7 Outlet Dimensions: A. Width: ____ B. Height: ____ C. Substrate/Water Width: ____ D. Water Depth: ____ E. Abutment Height: ____
 Outlet Grade: At Stream Grade Free Fall Cascade Free Fall Onto Cascade Clogged/Collapsed/Submerged Unknown

	INLET					OUTLET				
	<i>Please check only one level for each item</i>					<i>Please check only one level for each item</i>				
	Adequate	Poor	Critical	Unknown	N/A	Adequate	Poor	Critical	Unknown	N/A
Structural (Longitudinal) Alignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Channel Alignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Blockage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flared End Section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invert Deterioration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buoyancy or Crushing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross-Section Deformation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural Integrity of Barrel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joints and Seams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Footings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headwall/Wingwalls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Armoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Embankment Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To provide additional feedback on performance problems use the optional second sheet

Performance Problems Requiring Action

- | | | |
|---|---|---|
| Debris/Veg Blockage >1/3 of rise <input type="checkbox"/> | Local Outlet Scour <input type="checkbox"/> | Embankment Slope Instability <input type="checkbox"/> |
| Sediment Blockage >1/2 the opening <input type="checkbox"/> | Previous and/or Frequent Overtopping <input type="checkbox"/> | No Access/Ends Totally Buried/Submerged <input type="checkbox"/> |
| Buoyancy or Crushing-Related Inlet Failure <input type="checkbox"/> | Embankment Piping <input type="checkbox"/> | Aggressive Abrasion/Corrosion/Chemical <input type="checkbox"/> |
| Poor Channel Alignment <input type="checkbox"/> | Channel Degradation/Headcut <input type="checkbox"/> | Exposed Footing (Open-Bottom Culvert Only) <input type="checkbox"/> |

Notes: _____

Photo #: _____ Description: _____	Photo #: _____ Description: _____
Photo #: _____ Description: _____	Photo #: _____ Description: _____
Photo #: _____ Description: _____	Photo #: _____ Description: _____
Photo #: _____ Description: _____	Photo #: _____ Description: _____