



SHIRE OF KOJONUP

ROAD REPORT

ROAD NAME: _____

General Road Condition

Please Tick

- | | | |
|-------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Corrugated | <input type="checkbox"/> Pot Holed | <input type="checkbox"/> Slippery |
| | | <input type="checkbox"/> Rocky |

Culvert Conditions

Please Tick

- | | | |
|----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Blocked | <input type="checkbox"/> Washed Out | <input type="checkbox"/> Broken Headwall |
|----------------------------------|-------------------------------------|--|

Guide Post: _____

Signage: _____

Vision on Corners: _____

Over hanging Limbs

Please Tick

- | | | | |
|-------------------------------|------------------------------|---------------------------------|---|
| <input type="checkbox"/> Good | <input type="checkbox"/> Bad | <input type="checkbox"/> Severe | <input type="checkbox"/> Fallen Onto Road |
|-------------------------------|------------------------------|---------------------------------|---|

If possible give approximation of where and what work is required:

Name: _____ **Phone:** _____

Address: _____ **Date:** _____

Action Taken

