

MOR/NTREC Research Project Assessment

Minnesota Department of Transportation - Office of Maintenance

MOR

NTREC

Project Name:

Date:

Project Information

Project contact name:

Phone:

Email:

Vendor and/or Product Information

Product name:

Make/model # (if applicable):

Company name:

Vendor contact name:

Phone number:

Email:

Website:

Product web page:

Additional Information

1. Did you solve the problem you hoped to address with this project? Please explain

2. What were the benefits/savings of implementing this project? Please describe based on the Product and Service selected in #2 (category/sub-item).

Saved Costs (labor, equipment, materials)

Improved Quality

Improved Safety

3. Does this project have the potential for statewide and/or district-wide implementation?

Statewide

District-wide

If yes, please explain:

4. Please share with us any other information or comments related to this project. (i.e. your experience, lessons learned, suggestions, etc.)

5. Support documents - Please attach to your email, any of the following items that provide further details about the project.

- a. Pictures
- b. Videos
- c. Operators' questionnaires/surveys
- d. Other

Assessment Submission

Area Maintenance Engineer Support: I have reviewed and approve this research project assessment.

Signature: _____

Date:

Submit this completed and signed form, including all supporting documents, to:

Ryan Sodd
MOR Program Manager Mail
Stop 722
ryan.sodd@state.mn.us
651-366-3585

For questions or other information, contact Ryan Sodd or Tom Peters at 651-366-3578.