Request for Design Review

## Project Name and Details

## Road Name & Number SLK XX.XX to XX.XX

This review shall be conducted in accordance with MRWA Design Review Guideline (D16#287778)

Project Details

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| --- | --- |
| **MRWA Project Manager:** |  |
| **Section/Region:** |  |
| **Phone number:** |  |
| **Designer:** |  |
| **Items submitted for review:** |  |
| **Background information provided:** | List of Drawings: |
| **Background information to be returned to Project Manager:** | Yes / No (Delete which is not appropriate) |
| **Project stage:** |  |
| **Project & task number:** |  |
| **Review to be undertaken by (Project Manager to select one):** | * Discipline (e.g. civil, electrical, structural etc.) * Element (e.g. horizontal alignment, vertical, drainage etc.) * Drawing number * No preference (left up to the Reviewer to decide how they want to conduct the review) |
| **Site inspection required:** | Yes / No (Delete which is not appropriate) |
| **Project Manager’s file:** |  |
| **Date of request:** |  |
| **Date review to be completed by (Minimum 10 working days):** |  |