

TIM ROSTER

DATE:

PROJECT INFORMATION:			
PJN:		Project Name (C-R-S):	
PID:		Begin (MM/Cross Street):	
Est. Completion Date:		End (MM/Cross Street):	

REGIONAL, COUNTY OR LOCAL 911 DISPATCH:			
Dispatch Center	Name, if applicable	Primary Contact Number	Alternate Contact Number

FIRE:			
Agency	Name, if applicable	Primary Contact Number	Alternate Contact Number

EMS:			
Provider	Name, if applicable	Primary Contact Number	Alternate Contact Number

POLICE/PATROL:			
Agency	Name, if applicable	Primary Contact Number	Alternate Contact Number

ODOT CONTACTS:			
Title/Role	Name	Primary Contact Number	Alternate Contact Number
Project Engineer			
TSMO Coordinator			
Dist. WZ Traffic Manager			
Dist. Safety Consultant			
Public Involvement Officer			
County Manager			
Traffic Management Center			
Special Hauling Permits			

CONTRACTOR TIM CONTACTS:			
Title	Name	Primary Contact Number	Alternate Contact Number
Superintendent			
WTS			

OTHER:			
		Primary Contact Number	Alternate Contact Number

Route Covered by Freeway Service Patrol (FSP): Yes No