



20-4A SEISMIC RETROFIT ASSESSMENT

Seismic Retrofit Assessment

Br. Name:
Br. No.
County:
Route:
Post Mile:

On (Date) a seismic analysis of this structure was completed. It was determined that:

No retrofit is required.

Strategy Meeting held on:

No Strategy Meeting

Retrofit is required per Strategy Meeting. Provide brief description of retrofit measures required (explain below):

The type of analysis performed (mark as many as applicable):

As-Built Plan Review

Equivalent Static

Elastic Dynamic

Inelastic Static

Non-Linear Time History

Other (Explain):

Seismic Loading

Provide information as required in MTD 1-47 Attachment 1

Branch Chief or Oversight Engineer

Date

Project Engineer

Date