

**Inventory Data:**

Structure Name	<input type="text"/>		
Main Hwy/Road	<input type="text"/>	On <input type="checkbox"/> Under <input type="checkbox"/>	Crossing Type: Navig. Water <input type="checkbox"/> Non-Navig. Water <input type="checkbox"/> Rail <input type="checkbox"/> Road <input type="checkbox"/> Ped. <input type="checkbox"/> Other <input type="checkbox"/>
Hwy/Road Name	<input type="text"/>		
Structure Location	<input type="text"/>		
Latitude	<input type="text"/>	Longitude	<input type="text"/>
Owner(s)	<input type="text"/>	Heritage Designation:	Not Cons. <input type="checkbox"/> Cons./not App. <input type="checkbox"/> List/not Desig. <input type="checkbox"/> Desig./not List <input type="checkbox"/> Desig. and List <input type="checkbox"/>
MTO Region	<input type="text"/>	Road Class:	Freeway <input type="checkbox"/> Arterial <input type="checkbox"/> Collector <input type="checkbox"/> Local <input type="checkbox"/>
MTO District	<input type="text"/>	Posted Speed	<input type="text"/> No. of Lanes <input type="text"/>
Old County	<input type="text"/>	AADT	<input type="text"/> % Trucks <input type="text"/>
Geographic Twp.	<input type="text"/>	Inspection Route Sequence	<input type="text"/>
Structure Type	<input type="text"/>	Interchange Number	<input type="text"/>
Total Deck Length	<input type="text"/> (m)	Interchange Structure Number	<input type="text"/>
Overall Str. Width	<input type="text"/> (m)	Min. Vertical Clearance	<input type="text"/> (m)
Total Deck Area	<input type="text"/> (sq.m)	Special Routes:	Transit <input type="checkbox"/> Truck <input type="checkbox"/> School <input type="checkbox"/> Bicycle <input type="checkbox"/>
Roadway Width	<input type="text"/> (m)	Detour Length	<input type="text"/> (km)
Skew Angle	<input type="text"/> (Degrees)	Direction of Structure	<input type="text"/>
No. of Spans	<input type="text"/>	Fill on Structure	<input type="text"/> (m)
Span Lengths	<input type="text"/> (m)		

**Historical Data:**

Year Built	<input type="text"/>	Year of Last Major Rehab.	<input type="text"/>
Last OSIM Inspection	<input type="text"/>	Last Evaluation	<input type="text"/>
Last Enhanced OSIM Inspection	<input type="text"/>	Current Load Limit	<input type="text"/> (tonnes)
Enhanced Access Equipment (ladder, boat, lift, etc.)	<input type="text"/>	Load Limit By-Law#	<input type="text"/>
Last Underwater Inspection	<input type="text"/>	By-Law Expiry Date	<input type="text"/>
Last Condition Survey	<input type="text"/>		

**Rehab History: (Date/description)**

### Element Data

<b>Element Group:</b>					<b>Length:</b>			
<b>Element Name:</b>					<b>Width:</b>			
<b>Location:</b>					<b>Height:</b>			
<b>Material:</b>					<b>Count:</b>			
<b>Element Type:</b>					<b>Total Quantity:</b>			
<b>Environment:</b>					<b>Limited Inspection</b>		<input type="checkbox"/>	
<b>Protection System:</b>							<b>Performance Deficiencies</b>	
<b>Condition Data:</b>	Units	Exc.	Good	Fair	Poor*	(e.g., 01)		
	For "all" use checkboxes -->							
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Comments:</b>								
<b>Recommended Work:</b>		<input type="checkbox"/> Rehab	<input type="checkbox"/> Replace	<b>Maintenance Needs:</b>		(e.g., 01)		
		<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6-10 years	<input type="checkbox"/> Urgent	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 year		

<b>Element Group:</b>					<b>Length:</b>			
<b>Element Name:</b>					<b>Width:</b>			
<b>Location:</b>					<b>Height:</b>			
<b>Material:</b>					<b>Count:</b>			
<b>Element Type:</b>					<b>Total Quantity:</b>			
<b>Environment:</b>					<b>Limited Inspection</b>		<input type="checkbox"/>	
<b>Protection System:</b>							<b>Performance Deficiencies</b>	
<b>Condition Data:</b>	Units	Exc.	Good	Fair	Poor*	(e.g., 01)		
	For "all" use checkboxes -->							
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Comments:</b>								
<b>Recommended Work:</b>		<input type="checkbox"/> Rehab	<input type="checkbox"/> Replace	<b>Maintenance Needs:</b>		(e.g., 01)		
		<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6-10 years	<input type="checkbox"/> Urgent	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 year		

<b>Element Group:</b>					<b>Length:</b>			
<b>Element Name:</b>					<b>Width:</b>			
<b>Location:</b>					<b>Height:</b>			
<b>Material:</b>					<b>Count:</b>			
<b>Element Type:</b>					<b>Total Quantity:</b>			
<b>Environment:</b>					<b>Limited Inspection</b>		<input type="checkbox"/>	
<b>Protection System:</b>							<b>Performance Deficiencies</b>	
<b>Condition Data:</b>	Units	Exc.	Good	Fair	Poor*	(e.g., 01)		
	For "all" use checkboxes -->							
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Comments:</b>								
<b>Recommended Work:</b>		<input type="checkbox"/> Rehab	<input type="checkbox"/> Replace	<b>Maintenance Needs:</b>		(e.g., 01)		
		<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 6-10 years	<input type="checkbox"/> Urgent	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 year		