

# Department of State Growth

Safer Rural Roads Program infrastructure nomination form 2020-21

Email application to: [Safer.Rural.Roads.Program@stategrowth.tas.gov.au](mailto:Safer.Rural.Roads.Program@stategrowth.tas.gov.au)



## Nominee details

Local government area:

## Contact

Title: Dr/Mr/Mrs/etc:

Surname:

Given name:

Position title/occupation:

Postal address:

Town:

Postcode:

Phone:

E-mail:

Signed by submitter:

Date of submission:

## Site nomination

Local government/s in which site nomination is located:

Suburb:

Postcode:

Site:

e.g. Road corridor or section ie. 5 km road length, 20 km west of Smithville.

Road name(s):

Primary road:

Intersecting road:

Nature of concern:

# PROJECT DETAILS

## Site assessment

Road classification:

Is the rural road managed by a local government?  Y  N

Location:

Identify the site on a map, using mapping tools such as Google Maps.

Y  N

Crash analysis attached

Y  N

Crash risk details attached

Y  N

Site diagram attached

Measurement period of crashes (specify the 5 year period)

Total number of crashes

Total number of casualties

Total number of casualties

## Treatment proposal

Proposed treatment:

Please provide a general description including approach legs and directions of travel, identified countermeasures to be applied to. Please ensure the treatments proposed align with the SRRP Guidelines, noting the 'Ineligible Treatments'.

## Estimated cost

Department of State Growth program contribution

Local government contribution

Contribution by others

**Total estimated project cost**

Specify other local government contribution

## Sketch or diagram

(Please indicate north.)



## NOMINATION CHECKLIST

All nominations for the Department of State Growth program must have this checklist completed and attached.  
Incomplete submissions will be returned.

- Completed nomination form
  - Nature of concern and proposed treatment must be filled in; refer to attachments and do not leave blanks
  - Estimated Cost
- Locality map  
*(e.g. print-out of street map or regional map with location marked)*
- Concept drawing/sketch of proposal  
*(for route treatments provide concept design showing extent of work)*
- Crash analysis and crash risk form
- Site diagram
- Road safety audit by accredited road safety auditor (optional)  
*(proposed treatments must follow from the recommendations of the report)*
- Forms have been signed  
*(nomination form and nomination checklist)*

I confirm that the above items have been completed, checked against the SRRP guidelines and are attached to the submission, and that the contact person will be available during the submission evaluation period.

Print name:

Position:

Signature:

Date:

Please forward nomination form to the Department of State Growth for assessment (refer to SRRP guidelines for details on assessment criteria).

## CASH ANALYSIS AND CRASH RISK FORM

Location:

Crash history period:

Total no. reported crashes:

Number of casualty crashes:

Number of FSI crashes:

*Severity: fatal / hospital / medical.*

*KSI: Fatal or Seriously Injured.*

### Crash summary:

*Produce a crash summary using the crash information provided in the detailed crash report, grouping crashes by crash type also identifying crash severity, directions of travel and conditions at the time of each crash.*

### Crash risks:

*The site may be high risk even though crashes have not yet occurred.*

Submit form