



Tool and Equipment Challenge Application Form

Have you or your work group made a tool or modified a piece of equipment to get work done better, faster or cheaper? Why not let everyone share in the success? Fill out the form below. Your best practice may even qualify for an award and be used throughout the state. Most of all, thanks for helping make MoDOT the best it can be.

1) Describe your best practice. *(Attach photos, videos and diagrams if available.)*

We use a break-away device for most of our signs that are mounted here in the metro area. After a period of time the break-away portion of this device becomes difficult to remove due to corrosion and rust. I have created a tool to simplify the removal of the break-away part of this design when changing out or replacing this unit.

2) How does MoDOT benefit from this best practice? *(Check all that apply.)*

- Saves money
- Saves time
- Simplifies work
- Improves safety

Describe how: It saves money because it is quicker and easier to change these units out. Less time saves money. It simplifies this work in a few ways. For starters, the threaded end of the Slide Hammer screws into the break-away faster and easier than a trying to reach in with a hooked wire or a pair of pliers. Secondly your solid grip along with the slide portion of this tool allows you to remove the broken portion with ease. And third, if the bottom wedge falls into the sleeve it can be retrieved easily.

We get our signing supplies from a company called Sign Solutions. They would love this design.

3) When was your best practice implemented?

We have been using this for at least 2 months

4) How much does your tool or equipment modification cost? *(Please attach a complete materials list.)*

Total labor hours:

1.30 hrs

Total material costs:

\$25.00

5) Contact information: Name

Kris Sandgren

Telephone

417-895-6721

District/Location

8 / Sunshine Shop (4838)

Please save and send your completed form and any attachments to your district challenge coordinator.

Or sign and mail your completed form through department mail.

(Signature if mailed)

(Date)





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OTHER PAT'S
PENDING





