

Contract No.



## WORK ZONE TRAFFIC CONTROL INSPECTION FORM

Project No.

Date / Time	11	:_ a.m.	□ p.m. □						
Location						County			
No. of Lanes			ı	Posted Speed Limit		МРН			
Weather / Light	ing Conditions	3		ı	Project Type				
		_				•			
		AD\	ANCE W	AR	NING	SIGNS			
SIGN QUANTITY				SIGN CONDITION			Good	Poor	
Appropriate No. of Signs		Yes □	No  (If No, Explain)		Cleanliness				(Explain)
Missing Sign(s)		Yes ☐ (If Yes, Explain)	No □		Legibility				(Explain)
					Reflectivity			(Explain)	
									_
LEGENDS		Yes	No		SIGN PLACEMENT		Good	Poor	
Appropriate Legends			[] (Explain)		Height			(Explain)	
Unneeded Signs Visible		(Explain)				Visibility	1		(Explain)
Signs Posted, No Work		[] (Explain)				Spacing			(Explain)
ARROW I		Good	Poor		SIGN SUPPORTS				
Placen	nent		(Explain)		Statio	onary Sign	Supports	Yes 🗆	No 🗆
Delineated /	Shielded		(Explain)		Instal	led per TD	OT Specs.	Yes 🗆	No  (If No, Explain)
Removed Whe	n Not In Use		[] (Explain)		Portable Sign Stands		Yes □	No 🗆	
						ved from C When Not I		Yes □	No  (If No, Explain)
CHANNELIZING DEVICES									
TYPE OF UPSTREAM TAPER (Check One)					DOWNSTREAM TAPER (Optional)				

Used

**Taper Length** 

Yes 🗌

No 🗌

Feet

Shifting  $\square$ 

One-Lane, Two-Way □

Merging

Shoulder

									C	[G 5.31.17
CHANNELIZING DEVICE CONDITION										
DEVICE	Good	Poor	LIZING	DEVIC	<u>, E</u> (	DEVICE	<u> </u>		Yes	No
Barricades			1		Δde	equate Spacir	าต			
Type I, II, or III  Drums		(Explain)	1							(Explain)
Cones		(Explain)		Adequate Taper Ler Appropriate No. of De						(Explain)
Tubular Markers	_	(Explain)	-			Standard Dev		•		(Explain)
		(Explain)		IN	1011-	Standard Dev	/ice		(Explain)	
Vertical Panels		(Explain)								
Warning Lights	Warning Lights									
PAVEMENT MARKINGS										
USE OF PAVEMENT MA			RKINGS		CONDITION	1	Good	Faded	Damaged / Dislodged	
Markings	Yes □	No			е		(Explain)	(Explain)		
Easily Unders	Yes □	No (If No, Ex	plain)		Raised Marke	ers		(Explain)	(Explain)	
Conflicting Markings Removed Yes \( \bigcap \) No (If No, Expl										
FLAGGING										
FLAGGER USE FLAGGER AT								ATTIRE		
Flagger(s) Used	Flagger(s) Used Yes ☐ No ☐ No. of Flaggers							Hig	h-Visibili	ty Apparel
Flagger Station Preceded By Advance Warning Signs						No [		Ye	s 🗆	No [] (Explain)
Flaggers Are Clea	Flaggers Are Clearly Visible To Approaching Traffic  Yes   No  (Explain)  Communication Used							ation Head		
Approaching Traffic Has Sufficient Distance To Stop					; <b></b>	No [		Between Flaggers		
Flagger Stations Illuminated (Night Time) Yes □				No	No ☐ N/A ☐ Visual Contact ☐			entact 🗌		
Signaling Device	Signaling Device Slow / Stop Paddles □			Flags ☐ Two-Way Radio Conta			io Contact 🗌			
							Flagging Technique			
								Goo	d 🗌	Poor []

## **ROADSIDE SAFETY**

Portable Barrier Used	Yes □	No □	
Barrier Condition	Good □	Poor [] (Explain)	
Barriers Properly Connected	Yes □	No [] (Explain)	
Impact Attenuator Used	Yes □	No □	
Impact Attenuator Condition	Good □	Poor [	

BARRIER DELINEATION					
Lights	Good □	Not Working ☐ Explain)			
Reflectors	Good □	Poor [ Explain)			
Vertical Panels	Good □	Poor (Explain)			

## **MISCELLANEOUS TRAFFIC CONTROL**

	YES NO		0			
Was temporary traffic						
Unprotected Opera	(If Yes, Explain)	[				
Temporary Traffic Sig		(If No.	☐ (If No, Explain)			
Original Signs / I		(If No,	☐ Explain)			
Access Control						
		PED	ESTRIAN SAFETY			
Are sidewalks / walking paths affected	Yes □	No (Explain)	Is an alternate ADA r	Is an alternate ADA route provided		
Are signs clean and legible	Yes □	No [		Are equipment, materials, or other items blocking sidewalk		
Is the path free of debris and tripping hazards	Yes □	No [	Does the pedestrian in ADA minimum 3	Does the pedestrian route maintain ADA minimum 36" width		
Deficiencies Found (Inclu	ide locati	ion):				

Deficiencies Found (continued)	
If deficiencies were found, submit them to the Contractor's Supe	
signature on this form. All deficiencies need to be corrected by:	1 1
Contractor Superintendent's Signature:	Date:
District Operations Supervisor Signature:	Date:
The District Operations Engineer shall sign and date below when corrected:	the deficiencies have been
District Operations Supervisor Signature:	Date:
*The District Operations Supervisor may designate the authority to sig	gn this form.

cc: Regional Safety Coordinator