

TRAFFIC CONTROL REPORT FORM

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| INSPECTOR | DATE | TIME OF INSPECTION |
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| CONTRACTOR | DATE CONTRACTOR NOTIFIED |
|------------|--------------------------|

CONTROL SECTION

PROJECT NUMBER

LOCATION

| No. | Certification Checklist | Yes | No | Date Corrected |
|-----|---|--------------------------|--------------------------|----------------|
| 1 | All traffic control devices meet MDOT specifications and ATSSA quality standards. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | Lighted arrowboards/changeable message signs properly aligned/maintained and in accordance with brightness specifications. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Channelizing devices are in position, clean, aligned and properly spaced. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 | All signs, barriers and barricade lights (night inspection only) are working. Lights, barricades and striping are properly oriented. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 | All signs properly installed and legible, covered, turned or removed when not needed and lights on signs are working and facing traffic | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Proper taper and buffer lengths established. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 | Inapplicable traffic control devices removed when not required. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8 | Flaggers, when needed, properly trained, equipped and executing in accordance with MDOT standards. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9 | Drive through inspection conducted. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10 | Temporary barriers and attenuators properly installed and in serviceable condition | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11 | Correct pavement markings on the roadways. | <input type="checkbox"/> | <input type="checkbox"/> | |

ADDITIONAL COMMENTS AND/OR CORRECTIVE ACTION
