

**Traffic accident(s) today?**

Yes No

If "yes," see bottom of back page

**DAILY TRAFFIC CONTROL REPORT****Job Name /No.** \_\_\_\_\_ **Owner's No.** \_\_\_\_\_**Date** \_\_\_\_\_ **Sun Mon Tue Wed Thu Fri Sat** (Circle One)**Inspections:** Time: \_\_\_\_\_ Time: \_\_\_\_\_  
Time: \_\_\_\_\_ Time: \_\_\_\_\_**Photos?** Yes No**Video?** Yes No**Temp:** \_\_\_\_\_ High \_\_\_\_\_ Low**Wind Direction and Speed:** \_\_\_\_\_**Sky:** (circle) Clear/Sunny Pt. Cloudy Overcast Night**Precipitation:** (circle) Dry Fog Rain/Mist Freezing Rain Snow**Road:** (circle) Dry Wet Ponding Ice/Snow Patches Closed**Job Phase and/or MOT Phase:** \_\_\_\_\_**Today's Operations Requiring Traffic Control:** \_\_\_\_\_**Today's Traffic Control Plans** (If no plan, describe using "Diary" on back):

Sheet/Drawing \_\_\_\_\_ Stations: \_\_\_\_\_

Sheet/Drawing \_\_\_\_\_ Stations: \_\_\_\_\_

Sheet/Drawing \_\_\_\_\_ Stations: \_\_\_\_\_

Sheet/Drawing \_\_\_\_\_ Stations: \_\_\_\_\_

**Changes or modifications to plans today:** \_\_\_\_\_**After drive-through, check each type of device observed.****Give counts by type, and actual locations. Describe maintenance done/needed (or check "All Correct")**

Devices Used:	Type	Count	Stations	Repairs/Replaced/Cleaned	✓ All Correct
<input type="checkbox"/> Barricades	I				
	II				
	III				
<input type="checkbox"/> Drums/Barrels					
<input type="checkbox"/> Cones					
<input type="checkbox"/> Tubes/Candles					
<input type="checkbox"/> Wall Barrier	Std.				
	K-rail				
<input type="checkbox"/> Vertical Panels					
<input type="checkbox"/> Message Boards (board #, quote)					
<input type="checkbox"/> Lights	Steady				
	Flash				
	Other				
<input type="checkbox"/> Signs (describe)					
<input type="checkbox"/> Arrow Boards					
<input type="checkbox"/> Attenuator					
<input type="checkbox"/> Crash Cushions					
<input type="checkbox"/> Other					

Front

# DAILY TRAFFIC CONTROL REPORT

### Temporary Pavement Markings Applied:

[illegible]

**Diary** (describe operations or devices not noted above, problems, accidents, unusual conditions, etc.):

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## Owner MOT issues?

Yes\*      No

**Issue and resolution:**

\* Attach owner memo or letter

**If there were accidents today, discuss them with your supervisor.**

Accident investigation materials you need to gather for the accident file:

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Traffic Control Logs today</b>   | <input type="checkbox"/> <b>Accident Diagram</b>        |
| <input type="checkbox"/> <b>Traffic Control Plans in use today</b>   | <input type="checkbox"/> <b>Accident Description</b>    |
| <input type="checkbox"/> <b>Police Report (No. _____)</b>  | <input type="checkbox"/> <b>Statements by witnesses</b> |
| <input type="checkbox"/> <b>Accident photos (signs, barricades, cones, wall, vehicles, skid marks, etc.)</b> | <input type="checkbox"/> <b>Timecards</b>               |

Ass't Traffic Control Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

TC Supervisor Review and Signature: \_\_\_\_\_ Date \_\_\_\_\_

Manager/Super. Review and Signature \_\_\_\_\_ Date \_\_\_\_\_