

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: _____ **Photos?** Yes No
 Time: _____ Time: _____ **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: _____

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	_____	_____	_____	_____	_____

