Daily Traffic Control Diary

Date: _____ **Day:** _____ **County:** _____

Prime Contractor: _____ **Subcontractor:** _____

Project Number: _____ **Time Observed:** _____
AM / PM

Contractor's Designated Work Shift in Hours: _____ **Shift Number:** _____
1 or 2 or 3

Traffic Control Standard Used: _____ **Lane:** _____
Rt. / Lt.

Sta. or MP: _____ **Sta. or MP:** _____ **Direction:** _____
ROAD WORK AHEAD sign END ROAD WORK sign EB/WB SB/NB

Review of Traffic Control and Traffic Operations:

	Yes	No
All signs & devices installed correctly:	☐	☐
All signs & devices in acceptable condition:	☐	☐
All signs & devices reflective at night:	☐	☐
All warning lights working (day & night):	☐	☐
Are arrow displays working / aimed properly?	☐	☐
All temporary luminaires working?	☐	☐

If checked "no" above, when were corrections completed:

_____

_____

Any changes or modifications to the project's traffic control?

_____

_____

_____

Flagger Name	Start Time	End Time	Hours.

_____ _____
Signature **Printed**

Note: The listing of flaggers may be submitted daily as a separate form.

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