

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.

