(POSSIBLE CONTACTORS LETTERHEAD)

Daily Traffic Control Diary

Date: _____ **Prime Contractor:** _____

Day: _____ **Subcontractor:** _____

Project Number: _____

Traffic Control Standard(s) or Plan Sheet(s) Used: _____

Lane (Right / Left): _____ **Sta. (MP.)** _____ **to Sta.(MP.)** _____
(Road Work Ahead Sign) **(End Road Work Sign)**

Direction (EB / NB): _____ **Time Traffic Control Observed:** _____ **am / pm**

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):		
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	Company

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