## Daily Traffic Control Diary

Date:		Da	ıy:			County:				
Prime:				Subcontractor:						
Project Nur	mber:				Time Observed:					AM
Roadway:										PM
Contractor's Designated Work Shift in Hours:						Shift Number	: 1	•	2	3
TC – Standard or Detail Used:						Lane:		Left		Right
Road Work Ahead Sign					End Road Work Sign					
Station or N	ΛP:				Station or MP:					
	Е	B WB	SB	NB		EB	WB	SE	3	NB
Review of 1	Traffic Contr	ol and Traffic C	perations	S	Yes	No	N/A			
Signs & devices installed correctly										
Signs & devices in acceptable condition										
	Signs &	devices reflect	ive at nigh	nt						
	Warnin	g lights working	g (day & n	ight)						
	Arrow	displays working	g / aimed	properly	,					
	Tempo	rary luminaires	working							
If "No" is se	elected abov	e, who was con	tacted an	d what t	ime was correction	n made?				
Any change	es or modific	ations to the pr	oject's tra	affic cont	rol?					
	Flaggers Paid:				Pilot Car Paid:					
0.5	1.0	1.5	Tota	al	0.5	1.0	1.5		Tot	al
Item:					a <del></del> -	Item:		·		
Individual Names				Start Time	e St	op Time		ŀ	lours	
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					_					
					Trained Traffic	Control Techni	cian	Yes	5	No
Contractor's Signature					Drinted Name					
Contractor's Signature					Printed Name					

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