

# 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.

