

Daily Traffic Control Diary

Date: _____ Day: _____ County: _____

Prime: _____ Subcontractor: _____

Project Number: _____ 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 MP: _____

Station or MP: _____

EB WB SB NB

EB WB SB NB

Review of Traffic Control and Traffic Operations

Yes No N/A

Signs & devices installed correctly

Signs & devices in acceptable condition

Signs & devices reflective at night

Temporary Traffic Signals / PDMS Units (day & night)

Arrow displays working / aimed properly

Temporary luminaires working

If "No" is selected above, who was contacted and what time was correction made?

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

<u>Flaggers Paid:</u>			<u>Pilot Car Paid:</u>		
0.5	1.0	Total	0.5	1.0	Total
_____	_____	_____	_____	_____	_____
Item: _____			Item: _____		
Individual Names	Start Time	Stop Time	Hours		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		

Contractor's Signature

Printed Name