



WORK ZONE TRAFFIC CONTROL INSPECTION FORM

| | | | |
|-------------------------------|---|-------------|---|
| Contract No. | | Project No. | |
| Date / Time | / / _ : _ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> | | |
| Location | | | County |
| No. of Lanes | | | Posted Speed Limit MPH |
| Weather / Lighting Conditions | | | Project Type |

ADVANCE WARNING SIGNS

| SIGN QUANTITY | | |
|--------------------------|--|--|
| Appropriate No. of Signs | Yes <input type="checkbox"/> | No <input type="checkbox"/> <i>(If No, Explain)</i> |
| Missing Sign(s) | Yes <input type="checkbox"/> <i>(If Yes, Explain)</i> | No <input type="checkbox"/> |

| SIGN CONDITION | Good | Poor |
|----------------|--------------------------|--|
| Cleanliness | <input type="checkbox"/> | <input type="checkbox"/> <i>(Explain)</i> |
| Legibility | <input type="checkbox"/> | <input type="checkbox"/> <i>(Explain)</i> |
| Reflectivity | <input type="checkbox"/> | <input type="checkbox"/> <i>(Explain)</i> |

| LEGENDS | Yes | No |
|------------------------|--|--|
| Appropriate Legends | <input type="checkbox"/> | <input type="checkbox"/> <i>(Explain)</i> |
| Unneeded Signs Visible | <input type="checkbox"/> <i>(Explain)</i> | <input type="checkbox"/> |
| Signs Posted, No Work | <input type="checkbox"/> <i>(Explain)</i> | <input type="checkbox"/> |

| SIGN PLACEMENT | Good | Poor |
|----------------|--------------------------|--|
| Height | <input type="checkbox"/> | <input type="checkbox"/> <i>(Explain)</i> |
| Visibility | <input type="checkbox"/> | <input type="checkbox"/> <i>(Explain)</i> |
| Spacing | <input type="checkbox"/> | <input type="checkbox"/> <i>(Explain)</i> |

| ARROW PANEL A, B, C, or D | Good | Poor |
|------------------------------|--------------------------|--|
| Placement | <input type="checkbox"/> | <input type="checkbox"/> <i>(Explain)</i> |
| Delineated / Shielded | <input type="checkbox"/> | <input type="checkbox"/> <i>(Explain)</i> |
| Removed When Not In Use | <input type="checkbox"/> | <input type="checkbox"/> <i>(Explain)</i> |

| SIGN SUPPORTS | | |
|---|------------------------------|--|
| Stationary Sign Supports | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Installed per TDOT Specs. | Yes <input type="checkbox"/> | No <input type="checkbox"/> <i>(If No, Explain)</i> |
| Portable Sign Stands | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Removed from Clear Zone When Not In Use | Yes <input type="checkbox"/> | No <input type="checkbox"/> <i>(If No, Explain)</i> |

CHANNELIZING DEVICES

| TYPE OF UPSTREAM TAPER <i>(Check One)</i> | |
|---|--|
| Merging <input type="checkbox"/> | Shifting <input type="checkbox"/> |
| Shoulder <input type="checkbox"/> | One-Lane, Two-Way <input type="checkbox"/> |

| DOWNSTREAM TAPER <i>(Optional)</i> | | |
|------------------------------------|------------------------------|-----------------------------|
| Used | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Taper Length | <i>Feet</i> | |

CHANNELIZING DEVICE CONDITION

| DEVICE | Good | Poor |
|----------------------------------|--------------------------|--|
| Barricades Type I, II, or III | <input type="checkbox"/> | <input type="checkbox"/> <i>(Explain)</i> |
| Drums | <input type="checkbox"/> | <input type="checkbox"/> <i>(Explain)</i> |
| Cones | <input type="checkbox"/> | <input type="checkbox"/> <i>(Explain)</i> |
| Tubular Markers | <input type="checkbox"/> | <input type="checkbox"/> <i>(Explain)</i> |
| Vertical Panels | <input type="checkbox"/> | <input type="checkbox"/> <i>(Explain)</i> |
| Warning Lights | <input type="checkbox"/> | <input type="checkbox"/> <i>(Explain)</i> |

| DEVICE | Yes | No |
|----------------------------|--|--|
| Adequate Spacing | <input type="checkbox"/> | <input type="checkbox"/> <i>(Explain)</i> |
| Adequate Taper Length | <input type="checkbox"/> | <input type="checkbox"/> <i>(Explain)</i> |
| Appropriate No. of Devices | <input type="checkbox"/> | <input type="checkbox"/> <i>(Explain)</i> |
| Non-Standard Device | <input type="checkbox"/> <i>(Explain)</i> | <input type="checkbox"/> |

PAVEMENT MARKINGS

| USE OF PAVEMENT MARKINGS | | |
|------------------------------|------------------------------|--|
| Markings Used | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Easily Understandable | Yes <input type="checkbox"/> | No <input type="checkbox"/> <i>(If No, Explain)</i> |
| Conflicting Markings Removed | Yes <input type="checkbox"/> | No <input type="checkbox"/> <i>(If No, Explain)</i> |

| CONDITION | Good | Faded | Damaged / Dislodged |
|----------------|--------------------------|--|--|
| Paint / Tape | <input type="checkbox"/> | <input type="checkbox"/> <i>(Explain)</i> | <input type="checkbox"/> <i>(Explain)</i> |
| Raised Markers | <input type="checkbox"/> | <input type="checkbox"/> <i>(Explain)</i> | <input type="checkbox"/> <i>(Explain)</i> |

FLAGGING

| FLAGGER USE | | | |
|---|--|---|------------------------------|
| Flagger(s) Used | Yes <input type="checkbox"/> | No <input type="checkbox"/> | No. of Flaggers |
| Flagger Station Preceded By Advance Warning Signs | Yes <input type="checkbox"/> | No <input type="checkbox"/> <i>(Explain)</i> | |
| Flaggers Are Clearly Visible To Approaching Traffic | Yes <input type="checkbox"/> | No <input type="checkbox"/> <i>(Explain)</i> | |
| Approaching Traffic Has Sufficient Distance To Stop | Yes <input type="checkbox"/> | No <input type="checkbox"/> <i>(Explain)</i> | |
| Flagger Stations Illuminated (Night Time) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Signaling Device | Slow / Stop Paddles <input type="checkbox"/> | Flags <input type="checkbox"/> | |

| FLAGGER ATTIRE | |
|------------------------------|---|
| High-Visibility Apparel | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> <i>(Explain)</i> |

| Communication Used Between Flaggers | |
|--|---|
| Visual Contact <input type="checkbox"/> | |
| Two-Way Radio Contact <input type="checkbox"/> | |
| Flagging Technique | |
| Good <input type="checkbox"/> | Poor <input type="checkbox"/> <i>(Explain)</i> |

ROADSIDE SAFETY

| | | |
|-----------------------------|-------------------------------|---|
| Portable Barrier Used | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Barrier Condition | Good <input type="checkbox"/> | Poor <input type="checkbox"/> <i>(Explain)</i> |
| Barriers Properly Connected | Yes <input type="checkbox"/> | No <input type="checkbox"/> <i>(Explain)</i> |
| Impact Attenuator Used | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Impact Attenuator Condition | Good <input type="checkbox"/> | Poor <input type="checkbox"/> <i>(Explain)</i> |

| BARRIER DELINEATION | | |
|---------------------|-------------------------------|--|
| Lights | Good <input type="checkbox"/> | Not Working <input type="checkbox"/> <i>(Explain)</i> |
| Reflectors | Good <input type="checkbox"/> | Poor <input type="checkbox"/> <i>(Explain)</i> |
| Vertical Panels | Good <input type="checkbox"/> | Poor <input type="checkbox"/> <i>(Explain)</i> |

