**Work Zone Traffic Control Inspection Form**

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| PIN: |  |
| County: |  |
| Federal Project No.: |  |
| State Project No.: |  |
| Date / Time: |  |
| Location: |  |
| No. Of Lanes: |  |
| Weather / Lighting Conditions: |  |
| Contract No: |  |
| Project Type: |  |
| Posted Speed Limit: |  |

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| **ADVANCE WARNING SIGNS** | | | |
| **SIGN QUANTITY** | **Yes** | **No** |  |
| Appropriate No. of Signs |  |  |  |
| If no, explain: | | | |
| Missing Sign(s) |  |  |  |
| If yes, explain: | | | |
|  |  |  |  |
| **SIGN CONDITION** | **Good** | **Poor** |  |
| Cleanliness |  |  |  |
| If poor, explain: | | | |
| Legibility |  |  |  |
| If poor, explain: | | | |
| Reflectivity |  |  |  |
| If poor, explain: | | | |
|  | | | |
| **LEGENDS** | **Yes** | **No** |  |
| Appropriate Legends |  |  |  |
| If no, explain: | | | |
| Unneeded Signs Visible |  |  |  |
| If yes, explain: | | | |
| Signs Posted, No Work |  |  |  |
| If yes, explain: | | | |
|  | | | |
| **SIGN PLACEMENT** | **Good** | **Poor** |  |
| Height |  |  |  |
| If poor, explain: | | | |
| Visibility |  |  |  |
| If poor, explain: | | | |
| Spacing |  |  |  |
| If poor, explain: | | | |
| **ARROW PANEL (A, B, C, or D)** | **Good** | **Poor** |  |
| Placement |  |  |  |
| If poor, explain: | | | |
| Delineated / Shielded |  |  |  |
| If poor, explain: | | | |
| Removed When Not In Use |  |  |  |
| If poor, explain: | | | |
|  | | | |
| **SIGN SUPPORTS** | **Yes** | **No** |  |
| Stationary Sign Supports |  |  |  |
| Installed per TDOT Specs. |  |  |  |
| If no, explain: | | | |
| Portable Sign Stands |  |  |  |
| Removed from Clear Zone When Not In Use |  |  |  |
| If poor, explain: | | | |

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| **CHANNELIZING DEVICES** | | | |
| **TYPE OF UPSTREAM TAPER (CHECK ONE)** |  |  |  |
| Merging |  |  |  |
| Shoulder |  |  |  |
| Shifting |  |  |  |
| One-Lane, Two-Way |  |  |  |
|  |  |  |  |
| **DOWNSTREAM TAPER (OPTIONAL)** | **Yes** | **No** |  |
| Used |  |  |  |
| Taper Length:       Feet | | | |

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| **CHANNELIZING DEVICE CONDITION** | | | |
| **DEVICE** | **Good** | **Poor** |  |
| Barricades Type I, II, or III |  |  |  |
| If poor, explain: | | | |
| Drums |  |  |  |
| If poor, explain: | | | |
| Cones |  |  |  |
| If poor, explain: | | | |
| Tubular Markers |  |  |  |
| If poor, explain: | | | |
| Vertical Panels |  |  |  |
| If poor, explain: | | | |
| Warning Lights |  |  |  |
| If poor, explain: | | | |
| Adequate Spacing | **Yes** | **No** |  |
| If no, explain: | | | |
| Adequate Taper Length |  |  |  |
| If no, explain: | | | |
| Appropriate No. of Devices |  |  |  |
| If no, explain: | | | |
| Non-Standard Device |  |  |  |
| If yes, explain: | | | |

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| **PAVEMENT MARKINGS** | | | |
| **USE OF PAVEMENT MARKINGS** | **Yes** | **No** |  |
| Markings Used |  |  |  |
| Easily Understandable |  |  |  |
| If no, explain: | | | |
| Conflicting Markings Removed |  |  |  |
| If no, explain: | | | |
|  |  |  |  |
|  | **Condition** | | |
| **TYPE (PLEASE SPECIFY)** | **Good** | **Faded** | **Damaged/ Dislodged** |
|  |  |  |  |
| If Faded, Damaged, or Dislodged please explain: | | | |
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| If Faded, Damaged, or Dislodged please explain: | | | |
| Reflectivity |  |  |  |

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| **FLAGGING** | | | | | | |
| **FLAGGER USE** | **Yes** | | | **No** | | **N/A** |
| Flagger(s) Used |  | | |  | |  |
| No. of Flaggers: |  | | |  | |  |
| Flagger Station Preceded By Advance Warning Signs |  | | |  | |  |
| If no, explain: | | | | | | |
| Flaggers Are Clearly Visible To Approaching Traffic |  | | |  | |  |
| If no, explain: | | | | | | |
| Approaching Traffic Has Sufficient Distance To Stop |  | | |  | |  |
| If no, explain: | | | | | | |
| Flagger Stations Illuminated (Night Time) |  | | |  | |  |
|  | **Slow /Stop Paddles** | | | **Flags** | |  |
| Signaling Device |  | | |  | |  |
| **FLAGGER ATTIRE** | | **Yes** | **No** | | **N/A** | |
| High-Visibility Apparel | |  |  | |  | |
| If no, explain: | | | | | | |
| **COMMUNICATION USED BETWEEN FLAGGERS** | |  |  | |  | |
| Visual Contact: | |  |  | |  | |
| Two-Way Radio Contact: | |  |  | |  | |
|  | | **Good** | **Poor** | |  | |
| Flagging Technique: | |  |  | |  | |
| If poor, explain: | | | | | | |

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| **ROADSIDE SAFETY** | | | |
|  | **Yes** | **No** | **N/A** |
| Portable Barrier Used |  |  |  |
| If no, explain: | | | |
| Barriers Properly Connected |  |  |  |
| If no, explain: | | | |
| Impact Attenuator Used |  |  |  |
| If no, explain: | | | |
|  | **Good** | **Poor** |  |
| Impact Attenuator Condition |  |  |  |
| If poor, explain: | | | |
| Barrier Condition |  |  |  |
| If poor, explain: | | | |
| **BARRIER DELINEATION** | **Good** | **Poor** |  |
| Lights |  |  |  |
| If poor/not working, explain: | | | |
| Reflectors |  |  |  |
| If poor, explain: | | | |
| Vertical Panels |  |  |  |
| If poor, explain: | | | |
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| **MISCELLANEOUS TRAFFIC CONTROL** | | | |
| **CONDITION** | **Yes** | **No** |  |
| Was temporary traffic control installed in a safe manner |  |  |  |
| Unprotected Operations Or Equipment In Roadway |  |  |  |
| If yes, explain: | | | |
| Temporary Traffic Signal Operation / Installation Effective |  |  |  |
| If no, explain: | | | |
| Original Signs / Delineation In Good Condition |  |  |  |
| If no, explain: | | | |
|  | **Good** | **Poor** |  |
| Access Control |  |  |  |
| If poor, explain: | | | |
| **PEDESTRIAN SAFETY** | **Yes** | **No** |  |
| Are Sidewalks/Walking Paths Affected |  |  |  |
| If yes, explain: | | | |
| Are Signs Clean and Legible |  |  |  |
| If no, explain: | | | |
| Is the Path Free of Debris and Tripping Hazards |  |  |  |
| If no, explain: |  |  |  |
| Is an Alternate ADA Route Provided |  |  |  |
| If no, explain: |  |  |  |
|  | **Yes** | **No** |  |
| Are Equipment, Materials, or Other Items Blocking Sidewalk |  |  |  |
| If yes, explain: |  |  |  |
| Does the Pedestrian Route Maintain ADA Minimum 36” Width |  |  |  |
| If no, explain: |  |  |  |

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| Deficiencies Found*(Include location)***:** |
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*If deficiencies were found, submit them to the Contractor’s Superintendent and obtain date & signature on this form. All deficiencies need to be corrected by:*

*Date:*

Contractor Superintendent’s Signature: Date:

INSPECTOR SIGNATURE: Date:

cc: Regional Safety Coordinator