

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 _____