**Work Zone Traffic Control Inspection Form**

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

|  |
| --- |
| **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:       |

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

|  |
| --- |
| **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 | [ ]  | [ ]  |  |
| If poor, explain:       |
| Adequate Taper Length | [ ]  | [ ]  |  |
| If poor, explain:       |
| Appropriate No. of Devices | [ ]  | [ ]  |  |
| If poor, explain:       |
| Non-Standard Device | [ ]  | [ ]  |  |
| If good, explain:       |

|  |
| --- |
| **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:       |
|       | [ ]  | [ ]  |  |
| If Faded, Damaged, or Dislodged please explain:       |
| Reflectivity | [ ]  | [ ]  |  |

|  |
| --- |
| **FLAGGING** |
| **FLAGGER USE** | **Yes** | **No** | **N/A** |
| Flagger(s) Used | [ ]  | [ ]  |  |
| No. of Flaggers:       |  |  |  |
| If no, explain:       |
| 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 no, explain:       |

|  |
| --- |
| **ROADSIDE SAFETY** |
|  | **Yes** | **No** | **N/A** |
| Portable Barrier Used | [ ]  | [ ]  |  |
| If no, explain:       |
| Barriers Properly Connected | [ ]  | [ ]  |  |
| If no, explain:       |
| Impact Attenuator Used | [ ]  | [ ]  |  |
| If no, explain:       |
| Impact Attenuator Condition | [ ]  | [ ]  |  |
| If no, explain:       |
|  | **Good** | **Poor** |  |
| Barrier Condition | [ ]  | [ ]  |  |
| If poor, explain:       |
| **BARRIER DELINEATION** | **Good** | **Poor** |  |
| Lights | [ ]  | [ ]  |  |
| If poor, explain:       |
| Reflectors | [ ]  | [ ]  |  |
| If poor, explain:       |
| Vertical Panels | [ ]  | [ ]  |  |
| If poor, explain:       |
|  |  |  |  |

|  |
| --- |
| **MISCELLANEOUS TRAFFIC CONTROL** |
| **CONDITION** | **Yes** | **No** |  |
| 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** |  |
| Adequate Travel Path | [ ]  | [ ]  |  |
| If no, explain:       |
| Adequate Protection From Hazards | [ ]  | [ ]  |  |
| If no, explain:       |
|  |  |  |  |

|  |
| --- |
| Deficiencies Found*(Include location)***:**       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |
|       |

*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