



Federal Highway Administration Western Federal Lands Highway Division



Traffic Control Device Weekly Inspection Report

PROJECT NAME:	DATE:	CONTRACT NO.
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EVIDENCE OF AN ACCIDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
DAMAGED TRAFFIC CONTROL DEVICES	<input type="checkbox"/> YES <input type="checkbox"/> NO
ADEQUATE BUFFER SPACE	<input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE WORK AREA PROTECTED	<input type="checkbox"/> YES <input type="checkbox"/> NO
MATERIALS PROPERLY STORED	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE LANE CLOSURES IN ACCORD WITH ALLOWED HOURS	<input type="checkbox"/> YES <input type="checkbox"/> NO
TRAFFIC DELAYS MEET CONTRACT SPECIFICATIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO
APPROPRIATE NUMBER OF FLAGGERS	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLAGGERS EQUIPPED WITH PROPER PPE	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLAGGER STATIONS HIGHLY VISIBLE	<input type="checkbox"/> YES <input type="checkbox"/> NO

TRAFFIC CONTROL DEVICES

	NUMBER IN USE	NUMBER STORED	ALL CORRECT	MISSING/ DAMAGED	ADEQUATE/ INADEQUATE
PILOT VEHICLE					
FLAGGERS					
CONSTRUCTION SIGNS					
BARRICADES					
DRUMS					
VERTICAL PANELS					
TUBULAR TRAFFIC MARKERS					
PAVEMENT MARKINGS					
ARROW BOARD					
VARIABLE MESSAGE BOARD					
MESSAGE					
TEMPORARY CONCRETE BARRIER					
OTHER					

Location (Station #) of missing or damaged devices:

Maintenance corrections or replacement:

DATE LAST CLEANED:	CONES	LIGHTS	SIGNS	BARRICADES
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Changes or corrective action taken to ensure the safe passage of public traffic through the project:

The undersigned hereby certify that inspections and reviews were conducted and that the traffic control devices meet contract requirements.

TSS SIGNATURE:	DATE:
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REVIEWED BY: _____ (FHWA) DATE: _____