

Work Zone Traffic Control Inspection Form

PIN: 129888.00
 County: Wilson
 Federal Project No.: STBG-M-1234(00)
 State Project No.: 95LPLM-F3-011
 Date / Time: 2/5/18 02:30 PM
 Location: Hartsville Pike
 No. Of Lanes: 4
 Weather / Lighting Conditions: Clear and sunny
 Contract No: 111887
 Project Type: Resurfacing and Intersection Improvements
 Posted Speed Limit: 45 MPH

ADVANCE WARNING SIGNS

SIGN QUANTITY

Appropriate No. of Signs
 If no, explain:
 Missing Sign(s)
 If yes, explain:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

SIGN CONDITION

Cleanliness
 If poor, explain:
 Legibility
 If poor, explain:
 Reflectivity
 If poor, explain:

Good	Poor
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

LEGENDS

Appropriate Legends
 If no, explain:
 Unneeded Signs Visible
 If yes, explain:
 Signs Posted, No Work
 If yes, explain:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

SIGN PLACEMENT

Height
 If poor, explain:
 Visibility
 If poor, explain:
 Spacing
 If poor, explain:

Good	Poor
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

ARROW PANEL (A, B, C, or D)

	Good	Poor
Placement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		
Delineated / Shielded	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		
Removed When Not In Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		

SIGN SUPPORTS

	Yes	No
Stationary Sign Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Installed per TDOT Specs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If no, explain:		
Portable Sign Stands	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Removed from Clear Zone When Not In Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		

CHANNELIZING DEVICES

TYPE OF UPSTREAM TAPER (CHECK ONE)

Merging	<input type="checkbox"/>
Shoulder	<input checked="" type="checkbox"/>
Shifting	<input type="checkbox"/>
One-Lane, Two-Way	<input type="checkbox"/>

DOWNSTREAM TAPER (OPTIONAL)

	Yes	No
Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Taper Length: Feet		

CHANNELIZING DEVICE CONDITION

DEVICE	Good	Poor
Barricades Type I, II, or III	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		
Drums	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		
Cones	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		
Tubular Markers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		
Vertical Panels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		
Warning Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		

Adequate Spacing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If no, explain:		
Adequate Taper Length	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If no, explain:		
Appropriate No. of Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If no, explain:		
Non-Standard Device	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, explain:		

PAVEMENT MARKINGS

USE OF PAVEMENT MARKINGS	Yes	No
Markings Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Easily Understandable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If no, explain:		
Conflicting Markings Removed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If no, explain:		

	Condition		
TYPE (PLEASE SPECIFY)	Good	Faded	Damaged/ Dislodged
Lane closure on Two Lane Road	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Faded, Damaged, or Dislodged please explain:			
	<input type="checkbox"/>	<input type="checkbox"/>	
If Faded, Damaged, or Dislodged please explain:			
Reflectivity	<input type="checkbox"/>	<input type="checkbox"/>	

FLAGGING

FLAGGER USE	Yes	No	N/A
Flagger(s) Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No. of Flaggers: 2			
Flagger Station Preceded By Advance Warning Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If no, explain:			
Flaggers Are Clearly Visible To Approaching Traffic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If no, explain:			
Approaching Traffic Has Sufficient Distance To Stop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If no, explain:			
Flagger Stations Illuminated (Night Time)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Slow /Stop Paddles	Flags	
Signaling Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	N/A
FLAGGER ATTIRE			
High-Visibility Apparel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If no, explain:			
COMMUNICATION USED BETWEEN FLAGGERS			
Visual Contact:	<input type="checkbox"/>		
Two-Way Radio Contact:	<input checked="" type="checkbox"/>		
	Good	Poor	
Flagging Technique:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If poor, explain:			

ROADSIDE SAFETY

	Yes	No	N/A
Portable Barrier Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If no, explain:			
Barriers Properly Connected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If no, explain:			
Impact Attenuator Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If no, explain:			
	Good	Poor	
Impact Attenuator Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If poor, explain:			
Barrier Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If poor, explain:			
BARRIER DELINEATION	Good	Poor	
Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If poor/not working, explain:			
Reflectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If poor, explain:			
Vertical Panels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If poor, explain:			

MISCELLANEOUS TRAFFIC CONTROL

CONDITION	Yes	No
Was temporary traffic control installed in a safe manner	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unprotected Operations Or Equipment In Roadway	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, explain:		
Temporary Traffic Signal Operation / Installation Effective	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If no, explain:		
Original Signs / Delineation In Good Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If no, explain:		
	Good	Poor
Access Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If poor, explain:		
PEDESTRIAN SAFETY	Yes	No
Are Sidewalks/Walking Paths Affected	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, explain:		
Are Signs Clean and Legible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If no, explain:		
Is the Path Free of Debris and Tripping Hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If no, explain:		
Is an Alternate ADA Route Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If no, explain:		

	Yes	No
Are Equipment, Materials, or Other Items Blocking Sidewalk	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, explain:		
Does the Pedestrian Route Maintain ADA Minimum 36" Width	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:

DARYL ALLEN

Contractor Superintendent's Signature: _____ Date: 2/5/18

Jeremy Banks

INSPECTOR SIGNATURE: _____ Date: 2/5/18

cc: Regional Safety Coordinator