

DAILY TRAFFIC INSPECTION REPORT

PROJECT:

SPEC. NO. :

Inspection Checklist

Date: _____

1. Traffic Control Crew: _____

2. Brief Description of Work Being Done: _____

3. Traffic Switch Time: _____

4. Number of Lanes: _____ Direction: _____ Time: _____
5. Lost or Damaged Equipment: _____

6. New Equipment Installed: _____

7. Problems: _____

8. Resolutions: _____

Signature of Traffic Supervisor

Items to check daily: All signs, detour signs, K-rails, flashing arrows, traffic control devices, crosswalks, pedestrian paths, curb ramps. Correct deficiencies observed by City agencies.