

## TRAFFIC SUPERVISOR DAILY 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.