

TRAFFIC CONTROL DEVICES DAILY CHECKLIST

Improvement District _____
 Contractor _____

	MORNING		EVENING		COMMENTS
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	
1. Any devices missing?					
Any devices vandalized?					
Repaired or replaced as needed?					
2. All lights (flashers, etc.) working?					
3. All devices properly placed?					
If not, were they corrected?					
4. All devices clean?					

Date _____

Time of Inspection _____ (AM) Signature _____

Time of Inspection _____ (PM)
 Signature _____

This form is to be completed twice a day for each and every day that traffic control devices are used and must be turned in to the project inspector or engineer.