TRAFFIC CONTROL DEVICES DAILY CHECKLIST

Improvement District/ Project #: ____________
Contractor_______________________________

Date:	MORNING		EVENING		COMMENTS
	Yes	No	Yes	No	
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?					

Signature and Time of Inspection: (AM) ____

(PM) ____

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	Yes	No	Yes	No	
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Signature and Time of Inspection: (AM) ____

(PM) ____

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.

Form TC1 Revised 2012