

## TRAFFIC CONTROL DEVICES DAILY CHECKLIST

Improvement District/ Project #: \_\_\_\_\_  
 Contractor \_\_\_\_\_

Date:	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?					

Signature and Time of Inspection: (AM) \_\_\_\_\_  
 (PM) \_\_\_\_\_

Date:	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?					
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Signature and Time of Inspection: (AM) \_\_\_\_\_  
 (PM) \_\_\_\_\_

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	<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?					

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.***