

PROJECT NAME:		ACTIVITY CARD:	
BID #:		DATE:	
TRAFFIC CONTROL CO:		SETUP HOURS:	
QC INSPECTOR:		TIME OF INSPECTION:	
ATTENDED PRE-ACTIVITY?	YES NO	TRAFFIC CONTROL PLAN:	
SETUP DETAILS:			
<u>PART A: SET-UP</u>		YES	NO
Were you present for any portion of the set-up / maintenance today?		<input type="checkbox"/>	<input type="checkbox"/>
Did Technician have a copy of the approved Traffic Control Plan?		<input type="checkbox"/>	<input type="checkbox"/>
Did you drive the set-up to insure traffic devices appear properly aligned, signs and arrow /message boards are easy to read, and large trucks can negotiate the work zone without difficulty?		<input type="checkbox"/>	<input type="checkbox"/>
If there were problems with the above mentioned items, did you notify the Traffic Control Company to make corrections and update Traffic Control Plan if necessary?		<input type="checkbox"/>	<input type="checkbox"/>
<u>PART B: TRAFFIC CONTROL DEVICES</u>			
Are all devices clean and in good condition?		<input type="checkbox"/>	<input type="checkbox"/>
Do all reflective surfaces meet MUTCD standards?		<input type="checkbox"/>	<input type="checkbox"/>
Are all temporary stop signs ground mounted?		<input type="checkbox"/>	<input type="checkbox"/>
Are there any deficient devices?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, have they been identified, marked, and replaced?		<input type="checkbox"/>	<input type="checkbox"/>
<u>PART C: BARRIER RAIL</u>			
Are the correct barriers being utilized?		<input type="checkbox"/>	<input type="checkbox"/>
Blunt ends tapered / attenuated and all pieces pinned together?		<input type="checkbox"/>	<input type="checkbox"/>
<u>PART D: FLAGGING OPERATION</u>			
Are Flagging personnel at the appropriate location ?		<input type="checkbox"/>	<input type="checkbox"/>
Are they resetting TC Devices that were moved to facilitate work operations?		<input type="checkbox"/>	<input type="checkbox"/>
Are Flagging personnel certified?		<input type="checkbox"/>	<input type="checkbox"/>
<u>PART E: TEMPORARY MARKINGS (FILM/PAINT)</u>			
Are conflicting markings removed to reduce confusion?		<input type="checkbox"/>	<input type="checkbox"/>
Are materials used approved for this operation?		<input type="checkbox"/>	<input type="checkbox"/>
<u>PART F: ACCIDENTS</u>			
Was there an accident, or evidence of an accident?		<input type="checkbox"/>	<input type="checkbox"/>
Were emergency services required? (Police, Ambulance, etc.)		<input type="checkbox"/>	<input type="checkbox"/>
If so, was a report from LVMPD available? Report #:		<input type="checkbox"/>	<input type="checkbox"/>
Were any of the traffic control devices damaged?		<input type="checkbox"/>	<input type="checkbox"/>
<u>PART G: MESSAGE BOARDS</u>			
Do message boards have the correct message for the upcoming work?		<input type="checkbox"/>	<input type="checkbox"/>
If applicable, do the screens change at the correct speed for drivers to see info?		<input type="checkbox"/>	<input type="checkbox"/>
Are all bulbs working and arrows directing traffic the right way?		<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMENTS:</u>			

QA Initials _____