

CHECKLIST FOR ESTABLISHING A TEMPORARY TRAFFIC CONTROL ZONE

COMPLETED

ITEM

- Obtain permit from governing road authority.
- Determine the type of roadway
- Determine the type of work space
- Determine the duration of work.
- Select hours of work to avoid peak periods.
- Select the appropriate layout(s) using type of roadway, type of work, duration, traffic volume, and speed.
(See the appropriate **Index Chart** at the start of each section)
- Determine any modifications to typical layout(s).
(See the **Enhancement of the TTC Layouts** on page 6K-xii)
- Check decision sight distance.
- Advance signing distance.
- Intersection/driveways
- Allow for buffer space free of obstructions.
- Contact the proper road authority if the work zone interferes with normal signal operation in the area.
- Check the condition of devices.
(See the **Quality Standards** on pages 6K-81 thru 6K-97)
- Install devices beginning with the first device the driver will see.
- Conduct a drive thru to check for problems.
(See the **Enhancement of the TTC Layouts** on page 6K-xii)
- Document temporary traffic control zone problems and major modifications to the layouts.
- Traffic should be observed to see if the taper is working correctly.
- Complete the work.
- Remove the devices as soon as work is completed, beginning with the last device seen by the motorist.

Figure 6K-3

**SAMPLE
PROJECT INSPECTION CHECKLIST**

PROJECT - _____

ITEM	YES	NO	HOW MANY?
1. Are any devices missing?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do any devices need repair?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were all replaced or repaired?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Are any lights (flashers, etc.) not functioning	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were they all replaced or repaired?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Are any devices improperly placed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were all positions corrected?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Do any devices need cleaning?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Were all devices cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	_____
ADDITIONAL COMMENTS ON THE BACK OF THIS FORM	<input type="checkbox"/>	<input type="checkbox"/>	_____

The above check was completed by _____
(name / title)

on _____ at _____ a.m. p.m.
(date) (time)