

## CHECKLIST FOR ESTABLISHING A TEMPORARY TRAFFIC CONTROL ZONE

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

Figure 6K-3  
6K-xiv

**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)

**Figure 6K-9  
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