

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION WORK ZONE TRAFFIC CONTROL REVIEW

Date: _____ Time: _____ AM/PM: _____ Weather: _____

Work Order / Project No: _____ County: _____ Division: _____

Description: _____

Responsible NCDOT Personnel: _____ Div. Personnel Present: _____

Review Team Members: _____

Category	Rating			Observations/Corrective Actions <small>S=Satisfactory, U=Unsatisfactory, N/A=Not Applicable Additional comments should be added at bottom of form</small>	Abatement Date <small>if corrective action is needed</small>
	S	U	N/A		
Devices					
Stationary Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Portable Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Changeable Message Boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temporary Pavement Marking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temporary Pavement Markers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Temporary Crash Cushions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
TMIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Portable Concrete Barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Flashing Arrow Panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Drums/Cones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Barricades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Operations					
Lane Closures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Flagging Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Traffic Shifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hauling Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Night Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Personnel					
Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Vest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hard Hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Facility					
General Neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Equipment/Material Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Parked Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Miscellaneous					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Construction Activity Taking Place: _____

General Comments: _____

INSTRUCTIONS

DEVICES

- **Signs:** Check signs for proper size, height, plumb, condition, visibility, and reflectivity (if night review). Do the signs convey the intended message in a manner that drivers can easily understand?
- **Changeable Message Boards:** Check board for placement, visibility, message content, and usage.
- **Temporary Pavement Markings:** Are the markings confusing or misleading? Are they adhering well to the pavement? Is marking removal adequate? Are they visible?
- **Temporary Pavement Markers:** Check for proper spacing, color, and adhesion to the pavement.
- **Temporary Crash Cushions:** Is the transition panel installed? Is the cushion properly anchored?
- **Truck Mounted Impact Attenuators:** Are these used in accordance with the spec.? Is the truck properly weighted? Are there any drainage problems?
- **Portable Concrete Barrier:** Check for delineation, proper taper, and proper alignment. Is barrier pinned and is cotter pin in place?
- **Flashing Arrow Panels:** Check for placement, visibility, proper mode, correct size, and usage.
- **Drums/Cones:** Check condition, placement, and usage. Note if drums/cones have blown over. If drum is tire ballasted, the tire should be all the way down at the base of the drum.
- **Barricades:** Check for placement, visibility, condition, and usage. Note if barricades have blown over. Are the stripes sloped in the proper direction?

OPERATIONS

- **Lane Closures:** Check for proper signing. Check channelizing devices for proper taper, spacing, and uniformity.
- **Flagging Operations:** Check for proper signing. Check flagger for location, visibility, attentiveness, and attire.
- **Traffic Shifts:** Check for proper signing. Check for channelizing devices for proper taper, spacing and uniformity.
- **Hauling Operations:** Check for proper signing. Check for safe truck access location.
- **Night Work:** Check for appropriate warning lights. Check tower lighting for glare and visibility.

PERSONNEL

- NCDOT personnel are required to wear steel toe shoes and safety vests at all times and hard hats when appropriate. Although not required, would vests improve the safety of the contractor's personnel? Are workers performing their duties in a safe manner and staying clear of travel lanes?

FACILITY

- **General Neatness:** Check project for mowing, general cleanliness, and debris that may pose a hazard to traffic.
- **Equipment/Material Storage:** Are equipment/materials stored in a safe location the proper distance from the travelway?
- **Parked Vehicles:** Are personal vehicles parked on the project limits?

MISCELLANEOUS

- Other items that may affect safety or are otherwise noteworthy (i.e. drop-offs, temporary pavement, temporary guardrail, etc.)

CONSTRUCTION ACTIVITY TAKING PLACE

- State the construction activity currently taking place.

GENERAL COMMENTS

- Evaluate the overall effectiveness and correctness of the traffic control setup. List any improvements that could be made.