Traffic Control Diary

Accident Y / N (If "Y" Complete Appendix A)	Approved Permit No. (If Applicable)	Date: / /
Appendix A Reference No.		Contractor Work
PM Notified of Accident Y / N Time	or N/A	Start: End: or 24 Hrs.

Section No.1 - General Information

Temperature °F	Wind Direction	Actual Weather Conditions			Construction Phase(s):
High _____	Wind Speed (mph)	Sunny	Rain	Snow	Plan Sheet Numbers:
Low _____		Ptly Cldy	Cldy	Windy	
Source: (Web Site, Weather Station, etc.)		Other:			

Section No. 2 - Traffic Control Devices (Check all that apply)

					Warning Lights (Y) (N) or (N/A)
Construction Signing	☐	Concrete Wall Barriers	☐	Channeling Devices	
Sign Covers	☐	Stationary Crash Cushion	☐	Type	
Sequential Arrow Displays	☐	Type		Type	
Portable Changeable	☐	Type		Type	
Message Sign	☐	Type		Other	
Barricades Type I & Type II	☐	Truck Mounted Attenuator	☐	Other	
Barricades Type III	☐	Pilot Vehicle	☐	Other	
Light Plant	☐	Flagger	☐	Other	

Section No. 3 - Traffic Control Inspections (Only TCS can perform and sign)

		TCS Initials
Start of Shift Inspection (Required)	Time Inspection Started: _____	
Devices Cleaned? Yes or No	Print Name of TCS: _____	
Devices Replaced? Yes or No	>Reason: Location:	
End of Shift Inspection (Required)	Time Inspection Started: _____	
Devices Cleaned? Yes or No	Print Name of TCS: _____	
Devices Replaced? Yes or No	>Reason: Location:	
Additional Inspection #1 (Optional)	Time Inspection Started: _____	
Devices Cleaned? Yes or No	Print Name of TCS: _____	
Devices Replaced? Yes or No	>Reason: Location:	
Additional Inspection #2 (Optional)	Time Inspection Started: _____	
Devices Cleaned? Yes or No	Print Name of TCS: _____	
Devices Replaced? Yes or No	>Reason: Location:	

Section No. 4 Traffic Control Operations and Additional Notes *Include any field adjustments

Today's Operation:

Additional Notes:

Section No. 5 Additional Personnel assisting the Traffic Control Supervisor (TCS)

1) Print Name:	5) Print Name:
2) Print Name:	6) Print Name:
3) Print Name:	7) Print Name:
4) Print Name:	8) Print Name:

Section No.6 Traffic Control Supervisor Review and Confirmation

#1 Traffic Control Supervisor (1st Shift or Only Shift)	Print Name		Time of Arrival	
	Sign Name		Time of Departure	
#2 Traffic Control Supervisor (2nd Shift if Applicable)	Print Name		Time of Arrival	
	Sign Name		Time of Departure	

Section No.7 Agency Use

NMDOT/Owner Signature is not an acceptance of the field conditions; but a review of the forms completeness	Print Name		Date
	Sign Name		

DRAFT