CIRCULAR LETTER

SECTION: **712.07 MAINTENANCE**
NUMBER: **712.07-01**
SUBJECT: **MANUAL ON UNIFORM TRAFFIC CONTROL DEVICES AND CHECKLIST FOR TRAFFIC CONTROL DEVICES**
DATE: **JULY 1, 2015**

All construction warning signs are to be placed in accordance with the Manual on Uniform Traffic Control Devices for Highway Construction and Maintenance Operations.

Construction signs should be erected no closer than 50 feet from an existing sign. Construction signs may be moved plus or minus 100 feet from the Plans location in order to avoid conflicts with existing signs, driveways and side streets. The Regional Traffic Engineer should be contacted if these criteria cannot be met.

At the beginning of work on a project, the construction signs and other traffic control devices are to be placed in accordance with the MUTCD and, thereafter, properly maintained and changed as conditions on the project change.

To direct traffic through construction projects safely and expeditiously, it is imperative that adequate and proper signing be maintained for the full duration of the project. Such maintenance includes the cleaning, repositioning, temporary covering, removing of foliage or other needs as warranted. It should be noted that the MUTCD illustrates minimum desirable standards for normal situations. Additional protection must be provided when special complexities and hazards exist.

To be effective, signing must be credulous. To maintain creditability the signing must convey to the motorist exactly what can be expected on the road ahead. This cannot be accomplished with contradictory or improper signing. Signs should be removed or covered when they are not applicable. If a driver observes a sign several times such as "Right Lane Closed" or "Flagmen Ahead", but as he proceeds he finds the situation conveyed by the message to be nonexistent, he will be much more apt to disregard it in the future. In addition, when a series of signs encroach into the area of another series of signs, only the signs conveying the appropriate message should be displayed. For example, if a series of lane closure signs encroach into the advance warning signs, the advance warning signs should be covered or removed until their need is warranted again.

It is important that the responsibility for inspecting the signing be clearly defined. This responsibility may be assigned to one individual on a region wide basis or on a project basis by the designation of a staff member by the Project Engineer.

Signing should be inspected at least once a week or more often if conditions warrant. Inspections should be made periodically during hours of darkness.

WORK ZONE TRAFFIC CONTROL
INSPECTION FORM

Contract No.		**Project No.**	
Date / Time	/ / _ : _ a.m. □ p.m. □		
Location		**County**	
No. of Lanes		**Posted Speed Limit**	MPH
Weather / Lighting Conditions		**Project Type**	

ADVANCE WARNING SIGNS

SIGN QUANTITY		
Appropriate No. of Signs	**Yes** □	**No** □ *(If No, Explain)*
Missing Sign(s)	**Yes** □ *(If Yes, Explain)*	**No** □

SIGN CONDITION	Good	Poor
Cleanliness	□	□ *(Explain)*
Legibility	□	□ *(Explain)*
Reflectivity	□	□ *(Explain)*

LEGENDS	Yes	No
Appropriate Legends	□	□ *(Explain)*
Unneeded Signs Visible	□ *(Explain)*	□
Signs Posted, No Work	□ *(Explain)*	□

SIGN PLACEMENT	Good	Poor
Height	□	□ *(Explain)*
Visibility	□	□ *(Explain)*
Spacing	□	□ *(Explain)*

ARROW PANEL A, B, C, or D	Good	Poor
Placement	□	□ *(Explain)*
Delineated / Shielded	□	□ *(Explain)*
Removed When Not In Use	□	□ *(Explain)*

SIGN SUPPORTS		
Stationary Sign Supports	**Yes** □	**No** □
Installed per TDOT Specs.	**Yes** □	**No** □ *(If No, Explain)*
Portable Sign Stands	**Yes** □	**No** □
Removed from Clear Zone When Not In Use	**Yes** □	**No** □ *(If No, Explain)*

CHANNELIZING DEVICES

TYPE OF UPSTREAM TAPER *(Check One)*	
Merging □	**Shifting** □
Shoulder □	**One-Lane, Two-Way** □

DOWNSTREAM TAPER *(Optional)*		
Used	**Yes** □	**No** □
Taper Length	*Feet*	

CHANNELIZING DEVICE CONDITION

DEVICE	Good	Poor		DEVICE	Yes	No
Barricades Type I, II, or III	☐	☐ *(Explain)*		Adequate Spacing	☐	☐ *(Explain)*
Drums	☐	☐ *(Explain)*		Adequate Taper Length	☐	☐ *(Explain)*
Cones	☐	☐ *(Explain)*		Appropriate No. of Devices	☐	☐ *(Explain)*
Tubular Markers	☐	☐ *(Explain)*		Non-Standard Device	☐ *(Explain)*	☐
Vertical Panels	☐	☐ *(Explain)*				
Warning Lights	☐	☐ *(Explain)*				

PAVEMENT MARKINGS

USE OF PAVEMENT MARKINGS

Markings Used	Yes ☐	No ☐
Easily Understandable	Yes ☐	No ☐ *(If No, Explain)*
Conflicting Markings Removed	Yes ☐	No ☐ *(If No, Explain)*

CONDITION	Good	Faded	Damaged / Dislodged
Paint / Tape	☐	☐ *(Explain)*	☐ *(Explain)*
Raised Markers	☐	☐ *(Explain)*	☐ *(Explain)*

FLAGGING

FLAGGER USE

Flagger(s) Used	Yes ☐	No ☐	No. of Flaggers		
Flagger Station Preceded By Advance Warning Signs				Yes ☐	No ☐ *(Explain)*
Flaggers Are Clearly Visible To Approaching Traffic				Yes ☐	No ☐ *(Explain)*
Approaching Traffic Has Sufficient Distance To Stop				Yes ☐	No ☐ *(Explain)*
Flagger Stations Illuminated (Night Time)			Yes ☐	No ☐	N/A ☐
Signaling Device	Slow / Stop Paddles ☐		Flags ☐		

FLAGGER ATTIRE

High-Visibility Apparel

Yes ☐	No ☐ *(Explain)*

Communication Used Between Flaggers

Visual Contact ☐
Two-Way Radio Contact ☐

Flagging Technique

Good ☐	Poor ☐ *(Explain)*

ROADSIDE SAFETY

Portable Barrier Used	Yes ☐	No ☐
Barrier Condition	Good ☐	Poor ☐ *(Explain)*
Barriers Properly Connected	Yes ☐	No ☐ *(Explain)*
Impact Attenuator Used	Yes ☐	No ☐
Impact Attenuator Condition	Good ☐	Poor ☐ *(Explain)*

BARRIER DELINEATION

Lights	Good ☐	Not Working ☐ *(Explain)*
Reflectors	Good ☐	Poor ☐ *(Explain)*
Vertical Panels	Good ☐	Poor ☐ *(Explain)*

MISCELLANEOUS TRAFFIC CONTROL

CONDITION			YES	NO
Unprotected Operations Or Equipment In Roadway			☐ *(If Yes, Explain)*	☐
Temporary Traffic Signal Operation / Installation Effective			☐	☐ *(If No, Explain)*
Original Signs / Delineation In Good Condition			☐	☐ *(If No, Explain)*
Access Control	**Good** ☐	**Poor** ☐ *(Explain)*		
PEDESTRIAN SAFETY				
Adequate Travel Path	**Yes** ☐	**No** ☐ *(Explain)*	**Adequate Protection From Hazards** **Yes** ☐	**No** ☐ *(Explain)*

Deficiencies Found *(Include location)*:

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Deficiencies Found (continued)

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If deficiencies were found, submit them to the Contractor's Superintendent and obtain date & signature on this form. All deficiencies need to be corrected by: / / Contractor Superintendent's Signature: _____   Date: _____   District Operations Supervisor Signature: _____   Date: _____
The District Operations Supervisor shall sign and date below when the deficiencies have been corrected: District Operations Supervisor Signature: _____   Date: _____ *The District Operations Supervisor may designate the authority to sign this form.*

cc: Regional Safety Coordinator