TRAFFIC CONTROL DEVICE INSPECTION CHECKLIST

Project:	 	
Contractor:		

			Device Type								Re	aso	n for	Def	ficie	ncy		Signature of Inspecting Party	
Weekday	Date	Time	Sign	Barricade	Pavement Markings	Traffic Drum	Vertical Panel	Barrier	Message Signs	Other:	Non-Reflective	Non-Standard Color	Non-Standard Size	Improperly Located	Missing	Dirty	Other:	ir a n p ti	By signing below, I certify that I have been properly trained in the inspection of traffic control devices and I certify that all traffic control devices have been installed and maintained in good condition and in compliance with the plans and Standard Specifications. Any deficiences at the time of inspection were noted and corrective action was taken as noted.
Sunday																			
Monday																			
Tuesday																			
Wednesday																			
Thursday																			
Friday																			
Saturday																			

NOTE: This form shall only be used for State Aid County and City "letter size" projects. This excludes design projects and projects with Federal funding.