

MISSISSIPPI DEPARTMENT OF TRANSPORTATION  
TRAFFIC CONTROL INSPECTION REPORT

Project No / Route \_\_\_\_\_  
City / County \_\_\_\_\_  
Project Engineer \_\_\_\_\_  
Type of Operation \_\_\_\_\_  
Weather Condition \_\_\_\_\_  
Date of Inspection \_\_\_\_\_  
Time of Inspection \_\_\_\_\_  
Posted Speed \_\_\_\_\_ MPH  
Contractor \_\_\_\_\_  
Project T.C.S. / T.C.T \_\_\_\_\_

**A. DRIVE THRU:**

Are maneuvers difficult or unexpected?  Yes  No  
Adequate warning of hazards?  Yes  No  
Is signing clear/uncluttered and properly spaced?  Yes  No  
Are traffic control devices sufficiently visible?  Yes  No  
Comments: \_\_\_\_\_

**B. SIGNS:**

Need to be removed/repositioned/covered  Yes  No  
Need cleaning/replacing  Yes  No  
Need additional signs  Yes  No  
Conflicting permanent/temporary signing  Yes  No  
Non-approved sign support  Yes  No  
Blocked by vegetation  Yes  No  
Erected contrary to traffic control plans  Yes  No  
Comments: \_\_\_\_\_

**C. TRAFFIC BARRICADES:**

Need cleaning/replacing  Yes  No  
Blocked by vegetation  Yes  No  
Erected contrary to traffic control plans  Yes  No  
Comments: \_\_\_\_\_

**D. PORTABLE CHANGEABLE MESSAGE SIGN:**

Use does not meet standard application in plans  Yes  No  N/A  
Inappropriate message  Yes  No  N/A  
Too much information on P.C.M.S.  Yes  No  N/A  
Not delineated, no cones/barrels  Yes  No  N/A  
Not dimmed at night  Yes  No  N/A  
Comments: \_\_\_\_\_

**E. ARROW BOARD:**

Malfunction bulb out, etc.  Yes  No  N/A  
Incorrect placement  Yes  No  N/A  
Misaligned bulbs  Yes  No  N/A  
Not dimmed at night  Yes  No  N/A  
Comments: \_\_\_\_\_

**F. DRUMS, CONES, AND OTHER CHANNELIZING DEVICES:**

Appropriate taper length  Yes  No  N/A  
Adequate spacing  Yes  No  N/A  
Repair/clean/replacement  Yes  No  N/A  
Reflective bands damaged / missing on drums / other devices  Yes  No  N/A  
Additional devices needed  Yes  No  N/A  
Misaligned  Yes  No  N/A  
Comments: \_\_\_\_\_

**G. TRAFFIC BARRIER**

- Proper barrier wall flare  Yes  No  N/A
  - Proper terminal treatment  Yes  No  N/A
  - Barrier needs to be realigned / removed  Yes  No  N/A
  - Warning light service/clean  Yes  No  N/A
  - Delineators clean/additional  Yes  No  N/A
  - Attenuator repair / replace  Yes  No  N/A
  - Barrier has been damaged by age / weather / traffic  Yes  No  N/A
- Comments: \_\_\_\_\_
- 

**H. FLAGGING OPERATION:  
ARE FLAGPERSONS:**

- Certified?  Yes  No  N/A
  - Positioned correctly?  Yes  No  N/A
  - Highly visible?  Yes  No  N/A
  - Properly clothed?  Yes  No  N/A
  - Flagging correctly?  Yes  No  N/A
- Comments: \_\_\_\_\_
- 

**I. TRUCK MOUNTED ATTENUATOR:**

- Properly positioned?  Yes  No  N/A
  - Properly maintained / delineated?  Yes  No  N/A
- Comments: \_\_\_\_\_
- 

**J. SAFETY:**

- Adequate buffer space?  Yes  No  N/A
  - Is the work area protected?  Yes  No  N/A
  - Materials properly stored?  Yes  No  N/A
  - Equipment properly stored?  Yes  No  N/A
  - Are lane closures in accordance with allowed hours?  Yes  No  N/A
  - Is there any unnecessary adverse pavement conditions (e.g. ruts, pot holes, bumps, debris, etc.)?  Yes  No  N/A
  - Is the edge drop-off appropriate for the field and geometric conditions?  Yes  No  N/A
  - Is the equipment lighting location, placement, and intensity appropriate for field and geometric conditions?  Yes  No  N/A
- Comments: \_\_\_\_\_
- 

**K. PAVEMENT MARKING:**

- |                 | Permanent                    |                             |                              | Temporary                    |                             |                              |
|-----------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| Remove          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Repair          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Need additional | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
- Comments: \_\_\_\_\_
- 

**L. PAVEMENT MARKERS:**

- |                 | Permanent                    |                             |                              | Temporary                    |                             |                              |
|-----------------|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| Remove          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Replace missing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Need additional | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
- Comments: \_\_\_\_\_
- 

Accidents:

Evidence of an accident?  Yes  No

Location \_\_\_\_\_

Skid marks  Yes  No

Location \_\_\_\_\_

Comments / Recommendations: \_\_\_\_\_

The Contractor has been notified of any deficiencies in this report.

Inspected By: \_\_\_\_\_  
Signature Date