

**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