ALABAMA DEPARTMENT OF TRANSPORTATION DAILY INSPECTION OF TRAFFIC CONTROL DEVICES

| | _ | |
|-------|----|--|
| Sheet | of | |
| nicet | UI | |

| Project Number: | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Day | Week Ending (Sat): | |
|--|-----|------------------|------------|--|-------------|--------------------|-----|-------------------|--------------------|--|
| | | | | | | | | Date | | |
| County: | | | | | | | | Time | Contractor: | |
| | | | | | | | | ✓ if Night Insp | | |
| TRAFFIC CONTROL DEVICE(S) and LOCATION | | "√" c "X" den | denotes de | CONDIT evice prope es <i>NOT</i> pro | erly mainta | nined. ntained. | | Must be completed | DATE CORRECTED | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 1 | | 1 | | | 1 | | ı | | |

Project Traffic Control Inspector

Reviewed by: ______ Project Manager

| Sheet | of | |
|-------|----|--|
| | | |

| Project Number: | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Day | Week Ending (Sat): | |
|---------------------------|-----|---------|-------------|-------------------|-----------|----------|-----|-----------------|---|-----------|
| | | | | | | | | Date | | |
| County: | | | | | | | | Time | Contractor: | |
| | | | | | | | | ✓ if Night Insp | | |
| TRAFFIC CONTROL DEVICE(S) | | "√" (| | CONDIT | | nined. | | Must be complet | DATE | |
| and LOCATION | | "X" den | otes device | es <i>NOT</i> pro | perly mai | ntained. | | | ting damaged, light not working, etc.). | CORRECTED |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Sheet | of | |
|-------|----|--|
| | | |

| Project Number: | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Day | Week Ending (Sat): | |
|---------------------------|-----|---------|-------------|-------------------|-----------|----------|-----|-----------------|---|-----------|
| | | | | | | | | Date | | |
| County: | | | | | | | | Time | Contractor: | |
| | | | | | | | | ✓ if Night Insp | | |
| TRAFFIC CONTROL DEVICE(S) | | "√" (| | CONDIT | | nined. | | Must be complet | DATE | |
| and LOCATION | | "X" den | otes device | es <i>NOT</i> pro | perly mai | ntained. | | | ting damaged, light not working, etc.). | CORRECTED |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Sheet | of | |
|-------|----|--|
| | | |

| Project Number: | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Day | Week Ending (Sat): | |
|---------------------------|-----|---------|-------------|-------------------|-----------|----------|-----|-----------------|---|-----------|
| | | | | | | | | Date | | |
| County: | | | | | | | | Time | Contractor: | |
| | | | | | | | | ✓ if Night Insp | | |
| TRAFFIC CONTROL DEVICE(S) | | "√" (| | CONDIT | | nined. | | Must be complet | DATE | |
| and LOCATION | | "X" den | otes device | es <i>NOT</i> pro | perly mai | ntained. | | | ting damaged, light not working, etc.). | CORRECTED |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Sheet | of | |
|-------|----|--|
| | | |

| Project Number: | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Day | Week Ending (Sat): | |
|---------------------------|-----|---------|-------------|-------------------|-----------|----------|-----|-----------------|---|-----------|
| | | | | | | | | Date | | |
| County: | | | | | | | | Time | Contractor: | |
| | | | | | | | | ✓ if Night Insp | | |
| TRAFFIC CONTROL DEVICE(S) | | "√" (| | CONDIT | | nined. | | Must be complet | DATE | |
| and LOCATION | | "X" den | otes device | es <i>NOT</i> pro | perly mai | ntained. | | | ting damaged, light not working, etc.). | CORRECTED |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Sheet | of | |
|-------|----|--|
| | | |

| Project Number: | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Day | Week Ending (Sat): | |
|---------------------------|-----|---------|-------------|-------------------|-----------|----------|-----|-----------------|---|-----------|
| | | | | | | | | Date | | |
| County: | | | | | | | | Time | Contractor: | |
| | | | | | | | | ✓ if Night Insp | | |
| TRAFFIC CONTROL DEVICE(S) | | "√" (| | CONDIT | | nined. | | Must be complet | DATE | |
| and LOCATION | | "X" den | otes device | es <i>NOT</i> pro | perly mai | ntained. | | | ting damaged, light not working, etc.). | CORRECTED |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |