



WORK ZONE TRAFFIC CONTROL COMPLIANCE CHECKLIST AND NOTIFICATION

Page: _____ of _____
Stage: _____
Contract No: _____

| | | | | | | | |
|---|-------|-----------|---------------|--|--|--|----------------------------|
| Inspection | | | Time Reviewed | | Inspector | | |
| MONTH | DAY | YEAR | _____ | <input type="checkbox"/> AM <input type="checkbox"/> PM | | | |
| Emailed Copy to Contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date Sent | | Time Sent | | Check Box if WZLD* will be assessed | Recipient of Notification* |
| | MONTH | DAY | YEAR | _____ | <input type="checkbox"/> AM <input type="checkbox"/> PM | | |

| Work Zone Traffic Control Issue(s) | AM Deficiency | | PM Deficiency | | Comments | Date/Time Corrected |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------|---------------------|
| | YES | NO | YES | NO | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
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This Section is To Be Completed by Contractor¹

Proposed Remedy:

1 - Contractor must provide a Proposed Remedy within 24 hours of receiving this Form

* Work Zone Liquidated Damages will be assessed as per Publication 408 Section 901.3(t).