



## 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"/>		

This Section is To Be Completed by Contractor<sup>1</sup>

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).