PRINT FORM

CS-901 Modified (12-18)

pennsylvania
DEPARTMENT OF TRANSPORTATION

WORK ZONE TRAFFIC CONTROL COMPLIANCE CHECKLIST AND NOTIFICATION

Page: _____ of _____

Stage: _____

Contract No: _____

Inspection MONTH	DAY	YEAR	Time Reviewed	Inspector
			_____ ☐ AM _____ ☐ PM	

Emailed Copy to Contractor?	Date Sent MONTH	DAY	YEAR	Time Sent	Check Box if WZLD* will be assessed	Recipient of Notification*
☐ Yes ☐ No				_____ ☐ AM _____ ☐ PM	☐	

Work Zone Traffic Control Issue(s)	AM Deficiency YES	AM Deficiency NO	PM Deficiency YES	PM Deficiency NO	Comments	Date/Time Corrected
	☐	☐	☐	☐		
	☐	☐	☐	☐		
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	☐	☐	☐	☐		

This Section is To Be Completed by Contractor[1]

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).**