

Propose to remove the references to initial review and weekly but leave Date of Review. This will allow the document to be a snapshot in time rather than a comprehensive weekly report.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
VANCE OF TRAFFIC (MOT) INSPECTION REVIEW REPORT

700-011-37
 CONSTRUCTION
 04/18

Delete

Evaluation: Initial Comprehensive Weekly Report

- A) Report No.: _____ B) Contract No.: _____ C) Fin No.: _____
 D) Federal Aid Project No.: _____ E) Prime Contractor: _____
 F) Date of Review: _____
 G) Current Project Phase: 1, 2, 3, etc. _____ H) Project Location: _____
 I) Areas to be Reviewed: Worksite Traffic Supervisor: insert name here Inputting WTS name here keeps the MOT associated with the Contractor's responsible party

AREA NO. 1 – TRAFFIC CONTROL PLAN	Y	*N	N/A	DC	REMARKS
A. TCP/ALTERNATE TCP MODIFICATIONS HAVE BEEN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. SIGNING AND PAVEMENT MARKINGS INSTALLED ACCORDING TO APPROVED TCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. SIDE STREETS PROPERLY SIGNED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D. ALL DEVICES USED FOR SPEED LIMIT REDUCTIONS WERE INSTALLED IN ACCORDANCE WITH APPROVED TCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E. NEEDED TURN LANES IN PLACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
AREA NO. 2 - GENERAL	Y	*N	N/A	DC	REMARKS
A. SIGNS CORRECT HEIGHT & OFFSET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. SIDEWALK CLOSED/SCHOOL MARKING/CROSSWALK SIGNS PLACED PROPERLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. DRIVEWAYS, BUSINESS ENTRANCES & MEDIAN ACCESS ARE INSTALLED IN ACCORDANCE WITH APPROVED TCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D. SIGNAL TIMING/PHASING ARE IN ACCORDANCE WITH APPROVED TCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E. SUFFICIENT ADVANCED WARNING SIGNS IN PLACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F. EXISTING SIGNS NOT IN USE WERE REMOVED OR COVERED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G. SUFFICIENT DEVICES TO GUIDE TRAFFIC THROUGH THE WORK AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
H. ROADWAY SURFACE MAINTAINED SATISFACTORILY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
I. MESSAGE BOARDS CONVEY CONCISE MESSAGE TO MOTORISTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
J. PROJECT INFORMATION SIGNS INSTALLED CORRECTLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
K. APL NUMBERS PROPERLY MARKED ON DEVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
L. MAS SYSTEM PROPERLY INSTALLED AND FUNCTIONING (IF APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
AREA NO. 3 – NIGHT WORK	Y	*N	N/A	DC	REMARKS
A. LIGHTING PLAN APPROVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. PORTABLE CHANGEABLE MESSAGE SIGN WARNING LIGHTED WORK ZONE AHEAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. VEHICLES/EQUIPMENT HAVE FLASHING LIGHTS AND/OR REFLECTIVE SHEETING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D. PILOT VEHICLE WITH FLASHING LIGHTS AND MESSAGE BOARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E. LIGHTING AIMED NOT TO IMPEDE TRAFFIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
AREA NO. 4 – CLEAR ZONE/HAZARDS	Y	*N	N/A	DC	REMARKS
A. NO EQUIPMENT/MATERIALS/HAZARDS STORED IN CLEAR ZONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. DROP-OFFS AND ABOVE GROUND HAZARDS ARE PROTECTED IN ACCORDANCE WITH APPROVED TCP AND DESIGN STANDARDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
AREA NO. 5 – TEMPORARY PAVEMENT MARKINGS	Y	*N	N/A	DC	REMARKS
A. CORRECT APPLICATIONS AND WIDTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. REFLECTIVITY CONDITION SATISFACTORY (TAPE/PAINT/MESSAGES)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. CONFLICTING MARKINGS AND PAVEMENT DEBRIS PROPERLY REMOVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

MAINTENANCE OF TRAFFIC (MOT) INSPECTION REVIEW REPORT

Signature of this document attests to observations made by PA and Inspection personnel, and is not attesting to any items inadvertently unseen/unobserved. Further, any comments or entries on this report shall not remove the Contractor's responsibility to uphold the Contract requirements, including correction of all MOT deficiencies either immediately or within 24 hours, as coordinated by the Worksite Traffic Supervisor.

AREA NO. 6 – TEMPORARY BARRIER WALL											Y	*N	N/A	DC	REMARKS						
A. BARRIER CONNECTED AND ANCHORED IN ACCORDANCE WITH APPROPRIATE DESIGN STANDARD											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
B. TRANSITION and OVERLAPS INSTALLED PER DESIGN STANDARDS											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
C. CRASH CUSHIONS INSTALLED CORRECTLY AND PROPERLY MAINTAINED											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
D. PROPER OFFSET AND DEFLECTION SPACE MAINTAINED											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
AREA NO. 7 – FLAGGERS											Y	*N	N/A	DC	REMARKS						
A. LIST OF TRAINED FLAGGERS SUBMITTED TO PROJECT ADMINISTRATOR BEFORE CONSTRUCTION BEGINS											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
B. FLAGGER AHEAD SIGN INSTALLED PROPERLY											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
C. FLAGGER WEARING APPROVED SAFETY VEST/USING PROPER STOP/SLOW PADDLE											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
D. FLAGGER STATION HAS PROPER LIGHTING FOR NIGHT WORK											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
AREA NO. 8 – LANE CLOSURES											Y	*N	N/A	DC	REMARKS						
A. PROPER TRANSITION, SIGHT DISTANCE and BUFFER SPACE											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
B. PROPER DEVICE SPACING AND VISIBILITY											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
C. PAVEMENT MARKINGS PLACED CORRECTLY											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
D. PROPER MERGING											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
AREA NO. 9 – DETOURS											Y	*N	N/A	DC	REMARKS						
A. DETOURS INSTALLED IN ACCORDANCE WITH APPROVED TCP WITH PROPER SIGNING AND PAVEMENT MARKINGS											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
B. SPECIAL DETOURS (I.E. LANE SHIFTS or DIVERSIONS) ARE PROPERLY INSTALLED											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
AREA NO. 10 – PEDESTRIAN/BICYCLIST ACCOMMODATIONS											Y	*N	N/A	DC	REMARKS						
A. PEDESTRIAN DETOURS and DIVERSIONS INSTALLED PER TCP											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
B. TEMPORARY WALKWAYS HAVE PROPER SIGNING AND ADA COMPLIANT											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
C. PEDESTRIAN LCDs PROPERLY INSTALLED											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
D. EXISTING, NEW, and TEMPORARY CURB RAMPS HAVE DETECTABLE WARNINGS											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
AREA NO. 11 – BUSINESS ACCOMMODATIONS											Y	*N	N/A	DC	REMARKS						
A. VEHICLE AND PEDESTRIAN ENTRANCES MAINTAINED WITH PROPER DEVICES, SIGNING AND VISIBILITY											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
AREA NO. 12 – TRAFFIC CONTROL DEVICES																					
TYPE	VISIBLE			DEVICES CLEAN			SPACED PROPERLY			NOT MIXED			WORKING (%)	REFL			COLOR			REMARKS/DATE CORRECTED	
	Y	*N	N/A	Y	*N	N/A	Y	*N	N/A	Y	*N	N/A		Y	*N	N/A	Y	*N	N/A		
CONES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DRUMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BARRICADES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
FIXED CHANNELIZING DEVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SIGNS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
RPM's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ARROW BOARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PCMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
RADAR SPEED DISPLAY UNIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
STOP/SLOW PADDLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PEDESTRIAN LCDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Senior Project Engineer/Project Administrator

Signature

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
MAINTENANCE OF TRAFFIC (MOT) INSPECTION REVIEW REPORT

700-011-37
CONSTRUCTION
04/18

FORM INSTRUCTIONS: The Senior Project Engineer/Project Administrator will complete the MOT Inspection Review Report that will cover weekly daytime and night time inspections for projects. Notify the WTS to correct all safety deficiencies immediately. The WTS shall not allow minor deficiencies that are not safety hazards to remain uncorrected for more than 24 hours.

- A) The Senior Project Engineer/Project Administrator shall use consecutive numbers for each report completed for each project.
- B) Contract Number.
- C) Financial Project Identification Number.
- D) Federal Aid Project Number.
- E) Prime Contractor's Name.
- F) Date of review.
- G) MOT work phase at time of review.
- H) Project Location (State Road Number, County Road Number, etc).
- I) The conditions (areas 1-12) that must be reviewed in the field with the boxes checked showing the compliant/non-compliant areas in the Work Zone. **Enter the date when the deficiencies were corrected (DC).** Use the remarks column to summarize the deficiency.
- J) Printed name and signature of Senior Project Engineer/Project Administrator.