

DAILY TRAFFIC MANAGEMENT REPORT

Complete the checklist below at the beginning of each day prior to commencing any work activities, during the day and at the end of the day prior to closing the site. Use the legend below.
 ✓ = Acceptable, ✗ = Improvement Required, n = Not Applicable.

Project: Bruce Highway WCTP, Eubenangee

Project Number: P-926

21/8 22/8 23/8 24/8 25/8 26/8 27/8

Week Beginning: 21 / 8 / 17	Mon			Tue			Wed			Thu			Fri			Sat			Sun					
	A	D	P	A	D	P	A	D	P	A	D	P	A	D	P	A	D	P	A	D	P			
TMP approved & Work Activity Briefing Undertaken.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Signage (including delineation) as per TMP.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Signs required for day erected or uncovered.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Damaged signs replaced or reinstated.	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Signage no longer required removed or covered.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Additional signage required erected.	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Additional signage required noted in TMP or daily diary.	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Vehicular accident details recorded if applicable/known.	N	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Complaints acted on and recorded.	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Traffic Controllers and relevant signage in place.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Portable Traffic lights operational as per operator manual.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Signage (including delineation) clean.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Road surfaces clean and free of loose material.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Signage no longer required at end of day covered or removed.	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Photographic record kept if required.	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Water filled barriers are alternating colours (orange, white, orange etc.)	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

I certify all signing and works were in accordance with the TMP provided for these works.

Signed: _____ (Site Supervisor)

Print Name: _____

Date: 21/8/17

21/8 - 4 CAR CRASH OVERNIGHT - Not relevant IN ATTENDANCE - LIGHTS CHECKED
 BY Not relevant OVERNIGHT & CORTES HIRE ON 22/8/17. ALL OK.