**Traffic Management Daily Diary (Feb 2021)**

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| --- | --- | --- | --- | --- | --- | --- |
| **Location:** |  | **Client:** |  | **Date:** |  |  |
| **TMP No:** |  | **TGS No:** |  | **Weather Conditions:** |  | **Diary Sheet:** | **of** |  |
| **Start Time at Depot:** |  | **Time Arrive Onsite:** |  | **Commencement of Site Setup:** |  | **Site Setup and Operational:** |  |  |
| **Site Pulled Down at:** |  | **Time Aftercare signs setup:** |  | **TGS No:** |  | **Time left site:** |  | **Finish time at Depot:** |  |  |
| [ ]  **Day Works** | [ ]  **Night Works** | [ ]  **Emergency Response** | **Site Setup as per TGS** [ ]  **Yes** [ ]  **No (if not comment on next page)** |  |
| [ ]  **Attendance at Pre-Start Meeting** | **Did an incident occur (if yes complete incident report form)** [ ]  **Yes** [ ]  **No** |  |
| I confirm that the above times of ‘setup’ and ‘pulldown’ of traffic management signs and devices are a true and correct record |  |  |
| Name (Site Supervisor): |  | Signed: |  |  |  |  |
| **Drive Through Checks** (Checks must be conducted at least every 2 hours) |  |
| Time of check entered. Rule off and leave blank if the check does not apply to the site. Make a note of any issues on the next page. |  |
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| **Traffic Management Site Checks** | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10  |
| **Time** |  |  |  |  |  |  |  |  |  |  |
| Are signs upright, clean, visible, level & stable |  |  |  |  |  |  |  |  |  |  |
| Are taper lengths correct |  |  |  |  |  |  |  |  |  |  |
| Are speed limit signs correct and doubled up |  |  |  |  |  |  |  |  |  |  |
| Are sign spacings correct |  |  |  |  |  |  |  |  |  |  |
| Are cone/bollard alignments straight & spaced correctly |  |  |  |  |  |  |  |  |  |  |
| Are devices operating correctly |  |  |  |  |  |  |  |  |  |  |
| Are pedestrians, cyclists and other vulnerable road users catered for |  |  |  |  |  |  |  |  |  |  |
| Are lane widths adequate |  |  |  |  |  |  |  |  |  |  |
| Are vehicle queue lengths acceptable |  |  |  |  |  |  |  |  |  |  |
| Is road surface condition adequate |  |  |  |  |  |  |  |  |  |  |
| Is the work area clearly defined? |  |  |  |  |  |  |  |  |  |  |
| Are the travel paths for both directions of traffic clearly defined? Is the work area appropriately separated from passing traffic? Check the transition at the interface of the modified alignment. |  |  |  |  |  |  |  |  |  |  |
| Are centre lines/lane lines/edge lines clear and unambiguous? |  |  |  |  |  |  |  |  |  |  |
| Are sight and stopping distances adequate at works, atintersections and driveways? |  |  |  |  |  |  |  |  |  |  |
| Are traffic lanes clearly delineated? |  |  |  |  |  |  |  |  |  |  |
| Are lighting for night-time controls operating correcting? |  |  |  |  |  |  |  |  |  |  |
| Have other risks associated with traffic management at night been catered for, e.g. placement of lighting towers |  |  |  |  |  |  |  |  |  |  |

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| **No. of TTM Vehicles Onsite:** |  | **No. of TTM Personnel Onsite:** |  |  |
| **TTM Personnel Names & Accreditations:** |  |
|  |  |  |
|  | **Accreditation Details (tick)** | **Time of Break from Stop/Slow**(Traffic controllers must have a 15 minute break every two hours of constant stop/slow operation) |
|  |
| **Name** | **TC** | **BWTM** | **WTM** | **AWTM** | **OTMA** | On | Off | On | Off | On | Off | On | Off |
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| Additional Comments |  |  |  |  |  |  |  |  |  |  |  |
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|  | I confirm that the details contained herein are true and correct |  |  |  |  |  |  |  |  |
|  | Name: (TTM Leader): |  | Signed: |  |  |  |  |
|  |  |  |  |