

Traffic Management Daily Diary (Feb 2021)

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.

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, at intersections and driveways?										
Are traffic lanes clearly delineated?										
Are lighting for night-time controls operating correctly?										
Have other risks associated with traffic management at night been catered for, e.g. placement of lighting towers										

No. of TTM Vehicles Onsite: _____

No. of TTM Personnel Onsite: _____

TTM Personnel Names & Accreditations:

Name	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)							
	TC	BWTM	WTM	AWTM	OTMA	On	Off	On	Off	On	Off	On	Off
						:	:	:	:	:	:	:	:
						:	:	:	:	:	:	:	:
						:	:	:	:	:	:	:	:
						:	:	:	:	:	:	:	:
						:	:	:	:	:	:	:	:
						:	:	:	:	:	:	:	:

Additional Comments _____

I confirm that the details contained herein are true and correct

Name: (TTM Leader): _____ Signed: _____