



*Use separate sheets for each setup.* (May be altered to record Class A signs.)

Page

Contract Number	SR Number	Day	Date
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Sta A	Setup				Sta B
	Station	Time	Station	Time	
	—		—		
	—		—		
	—		—		
	—		—		
	—		—		
<b>Work Area</b>					
	—		—		
	—		—		
	—		—		
	—		—		
	—		—		
<b>Sta C</b>	↑	One Way Traffic (one or more lanes)	↑		<b>Sta D</b>
	↓	Two Way Traffic (two or more lanes)	↑		

Legend	
(List of Signs Used)	
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____

Cones Yes     No                       Piloted Yes     No  
 Per Approved Plan Yes     No                      Plan Title \_\_\_\_\_

Flagger/Spotter Sta	Start	End	Hours
Station A			
Station B			
Station C			
Station D			

Other Traffic Control Labor			
Name	Start	End	Hours

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
Contractor's Traffic Control Supervisor's Signature

Type of Traffic Control	Time Set Up	Time(s) Checked	Time Removed

**To be Completed by Contractor's Traffic Control Supervisor (TCS)**