

Daily Traffic Item Ticket (Equipment)

Date:	Group:	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Night
Day: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		

Contract No.:	Project Name:
Contractor:	Subcontractor:

Item No. Operation of Portable Changeable Message Sign

Portable Changeable Message Sign	Hours of Operation	Location	Hours
Total			

Item No. Sequential Arrow Sign

Sequential Arrow Sign	Hours of Operation	Location	Hours
Total			

Item No. Operation of Transportable Attenuator

Transportable Attenuator	Hours of Operation	Location	Hours
Total			

WSDOT Inspector	Contractor
-----------------	------------

Note: When working nights, list both dates and mark both days.