This form to be completed by the project's certified and competent person responsible for traffic control. When done, upload to Austin Build + Connect Portal (abc.austintexas.gov) using the project's ROW permit number (ending in RW, EX, or DS). For more info and instructions see www.austintexas.gov/rowman

ROW Permit Numl						er e										Date/Ti Report		Month	/	Day / Year		- AM / 🗖 - P	М
Location						☐ - Critical Arterial ☐ - Arterial ☐ - Residential																	
Posted Speed Limit					МРН							РН	Affe Are						Bus/	/Transit Lane □ - Alle	ey .		
Weather/Lighting Conditions						☐ - Dark ☐ - Light ☐								☐ - Clear ☐ - Wet ☐ - Cloudy ☐ - Windy ☐ - Foggy ☐ - Icy									
Work Duration						☐ - Long-Term Stationary ☐ - ☐ - Short Duration ☐ - Mobile						•		- Intermediate-Term Stationary le □ - Short-Term Stationary				Type of Report		☐ - Initial Set-up ☐ - Phase Change: ☐ - By Request ☐ - Post-Incident ☐ - End of Work			
Type of Device					e			Deficiency							Ad	Additional Info				Action			
Sign	Barricade	Warning Light	Pavement Marking	Delineation	Barrier	Other	Non-Reflective	Non-Standard Color	Non-Standard Size	Improperly Used	Missing	Dirty	Other	Mand	latory fie	informat eld if 'Oth ional pag	er' is se	elected.		Corrective action taken			Check if corrected
Type of Plan - Cust						En	gine	ere	d $\square$	<b>l</b> - c	OA :	Stan	ndard	l Detail:		🗖 - TMUTCD Typical Appli			ppli	cation: Additional Pages?			No
Ву	By signing below, the individual preparing this report certifies that the information contained herein and true and correct and that the plan is set appropriately and safely and except for the deficiencies noted above is in compliance with the approved traffic control plan and other applicable regulations.																						
Person Performing Inspection					g										Sig	nature							
		OF AUGUSTOFIA												OF AUS	OF IV								

## Contractor's Self-Inspection Checklist

This form shall be completed according to the following schedule:

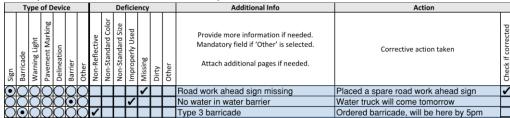
- Upon initial set-up of traffic control devices.
- For phase changes or when a work zone is modified to a new set-up.
- Once monthly, after the initial setup; checklist to be submitted in the first five days of the month.
- Once monthly, at night after the initial setup only if long-term extends more than 30 days; checklist to be submitted in the first five days of the month.
- Upon request of an inspector or city official, such as following a severe weather event or according to the schedule established in the permit conditions (e.g. every X number of days for long-term projects).
- Following an incident in the work zone, such as a crash or near-miss.
- Once the work is complete to verify all devices have been removed from the right of way.
  - If any devices are unable to be removed immediately following the end of work, they should be noted as 'Other'
    deficiencies with 'Additional Info' to indicate why the device cannot be removed and the planned removal date
    noted in the 'Action' column.
  - o If all devices have been removed, indicate 'all devices removed' under the deficiencies section 'Action' column. No additional information needed in the deficiencies section.

## Instructions

The form must be completed and signed by the contractor's competent and certified person responsible for traffic control. It may be filled out electronically or by hand. Upload the completed form as a permit attachment using the Austin Build + Connect Portal at <a href="mailto:abc.austintexas.gov">abc.austintexas.gov</a>.

Fill out each field according to observed conditions:

- ROW Permit Number: In the format 18-123456-EX. All ROW permits will end with EX, RW, or DS.
- **Date/Time of Report:** Fill in month, day, year, and time. Check AM or PM. The report shall be completed at the time of inspection.
- Location: Fill in block range of the work zone being inspected. For example, 1200 block South Lamar Boulevard or 600-900 blocks Congress Avenue. Check the appropriate box to indicate if the street is a Critical Arterial, Arterial, Collector, or Residential Street, which will be indicated on the permit.
- Posted Speed Limit: Select the speed limit for the street. This will help determine appropriate device spacing requirements.
- Affected Areas: Check all that apply. Fill in the number of vehicle lanes affected if checked, as applicable.
- Weather/Lighting Conditions: Check Dark or Light, as applicable. Check one or more weather conditions, as applicable.
- Work Duration: Check according to definitions found in the <u>TMUTCD</u>.
- **Type of Report:** Check one box to indicate reason for report (see above requirements section). For phase changes, indicate the phase being set.
- **Deficiencies:** If there are any issues observed, you must complete the deficiency information. Treat each line/row as distinct. You will first select the type of device, followed by the deficiency. Complete the Additional Info section if you select other or to provide more exact deficiency information. Under the Action Section, indicate what action was or will be taken. If the deficiency was corrected at the time of inspection, mark the 'Check if corrected' column. For example:



- If more pages are needed to capture all deficiencies, complete additional pages and mark the 'Additional Pages' as 'Yes' on all.
- Type of Plan: Check the appropriate box. If using a standard detail or TMUTCD TA, indicate which.
- Finally, the person performing the inspection must fill in their name and sign the report. A digital signature is acceptable.



