

APPENDIX B
to
STATE OF LOUISIANA
DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
INTERSECTION CONTROL DEVICE PERMIT

Permit Applicant: _____

Permit No: _____

Contractor: _____

Contractor's Superintendent: _____

Project Traffic Control Supervisor: _____

Project Location: _____ Parish: _____

Permanent File Book No.: _____

If found return to:

Work Zone Incident/Accident Report _____

- Month _____ Day ____ (S M T W TH F S) Year _____ Time _____
Route No. (Name) _____ #of Vehicles Involved _____
- Vehicle Driver and Passenger Names: _____

- Names of Eye Witnesses: _____

- Investigating Officer's Name _____
- Severity: Property Damage Only _____, Nonfatal injury(#) _____, Fatal (#) _____
- Location: Intersection _____, Milepost# _____, Termination Area _____
Approach to work zone _____
- Areas of
Work Zone: Advance warning area _____, Transition Area _____, Buffer
Space _____, work area _____, Termination Area _____
- Weather: Cloudy _____, Clear _____, Rain _____, Snow _____, Fog _____, Hot _____, Cold _____
- Surface: Dry _____, Wet _____, Snow _____, Ice _____
- Lighting: Daylight _____, Darkness _____, Dawn _____, Dusk _____, Artificial Lighting _____
- Photographs taken? Yes _____ (positions of vehicles, traffic control devices, etc.) No _____
- Video taken? Yes _____ No _____ Attached Police Report Yes _____ No _____

- Incident/Accident Narrative using facts & statements (time, description of scene, vehicle damage, physical evidence, passenger information, distance measurements, etc.):

- Traffic Control Action Taken: _____ Date _____, Time _____

Signed by NAME & TITLE: _____

Sketches, Photos and/or Diagrams of Accident/Incident

Daily Report

Date: _____

TCS/Acting TCS _____

Day: **S M T W T F S**

Assistants: _____

Temp: _____ High _____ Low

(TCT or TCS). _____

Sky: **Sunny Pt.Cloudy Cloudy Rain Snow**

Wind: **Calm Light Strong**

TCS Arrival Time: _____

Wind Direction: _____

TCS Departure Time: _____

Today's Operations: _____

Operational Queue Time:

- | | | |
|----------|-----------|-----------|
| 1. _____ | 6. _____ | 11. _____ |
| 2. _____ | 7. _____ | 12. _____ |
| 3. _____ | 8. _____ | 13. _____ |
| 4. _____ | 9. _____ | 14. _____ |
| 5. _____ | 10. _____ | 15. _____ |

Traffic Control Plan Used:

Station to Station

Sheet No. _____ Location _____

Sheet No. _____ Location _____

Sheet No. _____ Location _____

	<u>Number Used</u>	<u>All Correct</u>	<u>Missing/damaged</u>
Pilot	_____	_____	_____
Vehicle	_____	_____	_____
Flaggers	_____	_____	_____
Construction Signing	_____	_____	_____
Barricades	_____	_____	_____
Drums	_____	_____	_____
Vertical Panels	_____	_____	_____
Tubular Traffic Markers	_____	_____	_____
Arrow Board	_____	_____	_____
Message Board	_____	_____	_____
Message	_____	_____	_____
Concrete Wall Barrier	_____	_____	_____
Other	_____	_____	_____

Location (Station #) of Missing or Damaged Devices: _____

Maintenance, Corrections or Replacement: _____

Date Last Cleaned: _____

Lights: Number _____ All Correct _____ Missing or Damaged _____

Daily Report

Location (Station#) of Missing or Damaged: _____

Maintenance, Corrections or Replacement: _____

Removal of Permanent Stripe: Station to Station _____

Temporary Pavement Markings: Paint _____ Tape, _____

White _____ Yellow _____

From: Station to Station _____ Station to Station _____

General Comments: _____

Inspection Times:

Morning _____

Midday _____

Afternoon/evening _____

Accidents: Yes / No For Details See Page # _____

Conf. memos: Received: Yes / No Requested: Yes / No For Details See Page # _____

Change Orders: Yes / No For Details See Page # _____

TCS Signature: _____

If inspected by other than TCS:

Designated Assistant TCS Signature: _____

TCS Signature, reviewed _____

PM (or designated TC inspector) review signature _____

Date reviewed _____