

TRAFFIC MANAGEMENT CHECKLIST

Work Site:		Inspected By:		Date:	
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General Traffic Safety	Yes	No	N/A	Actions Required / Comments
Are traffic and pedestrian routes suitable for the types of traffic onsite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are traffic routes free from obstructions and other slip, trip or fall hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



SAMPLE

ORDER NOW AND GET FULL ACCESS

Completion	Yes	No	N/A	Actions Required / Comments
Are all vehicles and mobile plant operating licensed and competent to operate including any relevant sign or road marking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are mobile plant operating instructions available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have all signs and operating time marked on traffic management with requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all relevant safety, health and competency in communication, including signage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Inspection Summary / Additional Comments