



U.S. DEPARTMENT OF TRANSPORTATION
 FEDERAL HIGHWAY ADMINISTRATION Western
 Federal Lands Highway Division
 610 E. 5th St. Vancouver, Washington 98661

FP-14 - 109.01

Project Name: _____
 Project Number: _____
 Line Item Number: _____
 Pay Item Number: _____
 Item Description: _____
 Date work Performed: _____

Date Stamp
Copy Stamp

Daily Record of Inspection & Activities *

Name of TCS	Day <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	Temperature High °F Low °F	Name of Technician(s)
Weather <input type="checkbox"/> Clear <input type="checkbox"/> Pt. Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow	Wind Conditions <input type="checkbox"/> Calm <input type="checkbox"/> Light <input type="checkbox"/> Strong	Arrival Time	Departure Time
Location/Today's Operations*: 			
Evidence Of An Accident	<input type="checkbox"/> Yes <input type="checkbox"/> No	Appropriate Number Of Flaggers Being Utilized	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adequate Buffer Space	<input type="checkbox"/> Yes <input type="checkbox"/> No	Flaggers Equipped With Proper PPE	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Work Area Protected	<input type="checkbox"/> Yes <input type="checkbox"/> No	Flaggers Stationed Proper Distance From Hazards	<input type="checkbox"/> Yes <input type="checkbox"/> No
Materials Properly Stored	<input type="checkbox"/> Yes <input type="checkbox"/> No	Flagger Stations Highly Visible	<input type="checkbox"/> Yes <input type="checkbox"/> No
Traffic Delays & Closures Meet Contract Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	Advanced Warning Signs Installed Per Contract & MUTCD	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Number Used	Number Stored	All Correct <input type="checkbox"/> Yes <input type="checkbox"/> No	Missing <input type="checkbox"/> Yes <input type="checkbox"/> No	Damaged <input type="checkbox"/> Yes <input type="checkbox"/> No	Adequate <input type="checkbox"/> Yes <input type="checkbox"/> No	Inadequate <input type="checkbox"/> Yes <input type="checkbox"/> No
Pilot Vehicle			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flaggers			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Signs			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Barricades			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drums			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vertical Panels			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tubular Traffic Markers			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pavement Markings			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Arrow Board			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Variable Message Board Message			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary Concrete Barrier			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Location (Station) Of Missing Or Damaged Devices _____

Maintenance Corrections Or Replacements _____

Date Last Cleaned: Cones Lights Signs Barricades

Attach additional sheets if necessary.*

Name of person measuring work: _____

Measured Quantity:	1 Day
--------------------	-------

Interim Measurement Final Measurement

I certify the above measurements and calculations are correct and the total quantity is subject to direct payment for the item identified.

 Contractor Representative

FHWA Use Only	
Verified By:	_____
PE, Inspector, CPE, CI	_____
Approved	Entered To Record
_____	Checked By: _____
FHWA Representative	Date: _____