

TOOL TYPE	CHECKLIST	LAST REVIEWED	4/17/15
GEOGRAPHY	ALL	SOURCE:	<u>NOVA SCOTIA</u>

TRAFFIC CONTROL PLAN CHECKLIST

BENEFITS

Workers who work on or near roadways are at risk of being hit by passing vehicles. Employers have a duty to protect workers from this hazard and can do so by developing and implementing effective traffic control plans for each road work zone.

HOW TO USE THE TOOL

Adapt this checklist for your OHS program and the traffic control requirements in your jurisdiction's OHS regulations. Use it when planning and preparing a traffic control plan to ensure that the plan will effectively protect workers from identified hazards.

OTHER RESOURCES:

Nova Scotia's **Temporary Workplace Traffic Control Manual**

Hazards: Use a Traffic Control Plan to Protect Workers

TRAFFIC CONTROL PLAN CHECKLIST

Project: _____ Signer Name: _____

Road Name/#: _____ Signer's Phone #: _____

Date from: _____ Date to: _____

Time from: _____ Time to: _____ Signature: _____

DETERMINE	ASSESS (CHECK OR FILL IN)				
Work Type	<input type="checkbox"/> Construction or Maintenance	<input type="checkbox"/> Utility	<input type="checkbox"/> Mobile Operation	Comments:	
Road Class	<input type="checkbox"/> 100 series	<input type="checkbox"/> Controlled Access	<input type="checkbox"/> Trunk Highway	<input type="checkbox"/> Route	<input type="checkbox"/> Street
Road Configuration	<input type="checkbox"/> Multi-lane	<input type="checkbox"/> Two-lane Two-way	<input type="checkbox"/> One-way	<input type="checkbox"/> Intersection	<input type="checkbox"/> Divided
Traffic Volume	<input type="checkbox"/> High Volume	<input type="checkbox"/> Low Volume	_____ Count (vph)	Comments:	
Time/Night, Day	<input type="checkbox"/> Long Duration	<input type="checkbox"/> Short Duration	<input type="checkbox"/> Very Short Duration	<input type="checkbox"/> Night	<input type="checkbox"/> Day
Encroachment	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Partial Lane Closure	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Off Shoulder	Comments:
Speed Zone	<input type="checkbox"/> 90-110 km/h	<input type="checkbox"/> 80 km/h	<input type="checkbox"/> 60-70 km/h	<input type="checkbox"/> 50 km/h	<input type="checkbox"/> Temp. Reduction (approval)
Sight Lines	<input type="checkbox"/> For Signs Comments:	<input type="checkbox"/> For TCPs Comments:	<input type="checkbox"/> For Tapers Comments:	<input type="checkbox"/> For FLUs Comments:	Other Comments:
People Impacts	<input type="checkbox"/> Emergency Services Comments:	<input type="checkbox"/> Pedestrians Comments:	<input type="checkbox"/> School Children Comments:	<input type="checkbox"/> Businesses Comments:	<input type="checkbox"/> Property Owners Comments:
Other	Work Area Length:	Buffer Area Length:	<input type="checkbox"/> TCP Escape Route	<input type="checkbox"/> Weather	<input type="checkbox"/> Existing Signs and Controls
	<input type="checkbox"/> Wires, Cables, Pipes	<input type="checkbox"/> Accident History	<input type="checkbox"/> Lighting	<input type="checkbox"/> Hills and Curves	<input type="checkbox"/> Bridge/Barrier Restriction
	<input type="checkbox"/> Excavation	<input type="checkbox"/> Intersections/ Railways			

DETERMINE	PLAN (CHECKMARK OR FILL IN)				
Manual References	Application Guide #:	Sign Procedure #:	Delineator Procedure #:	<input type="checkbox"/> Custom Drawing (see attached)	<input type="checkbox"/> Custom Rules (see attached)
Quantity and Type of Signs (check standards)	___ TC-	___ TC-	___ TC-	___ RB-	___ Other:
	___ TC-	___ TC-	___ TC-	___ RB-	___ Other:
	___ TC-	___ TC-	___ TC-	___ RB-	___ Other:
	___ TC-	___ TC-	___ TC-	___ RB-	___ Other:
Number of Devices (check standards)	___ F-Shaped Barriers	___ Barricades TC- ___ Barricades TC-	___ FLUs	___ Drums	___ Cones (or High Delineators)
Human Resources	___ Labour	___ TCPs <input type="checkbox"/> Hat <input type="checkbox"/> Cuffs <input type="checkbox"/> Pants <input type="checkbox"/> Footwear <input type="checkbox"/> Paper	<input type="checkbox"/> Vest <input type="checkbox"/> Shirt <input type="checkbox"/> Paddle <input type="checkbox"/> Pen/Pencil <input type="checkbox"/> Certificate	___ Vehicle Drivers	___ Other
Vehicle Numbers (check standards)	___ Protection & TMA	___ Blocker (under-ride protection?)	___ Service	___ Trail	___ Other:
Assessment Solutions	<input type="checkbox"/> Every item identified in the Assessment Section of the Checklist has a corresponding solution. Solutions provide for the communication of work impacts and the safety of workers, public road users and pedestrians (including school children.)				
Other (Describe)					
DO	ACT (CHECKMARK OR FILL IN)				
Communications	<input type="checkbox"/> Conduct a toolbox talk to communicate everyone's responsibilities				
Execute	<input type="checkbox"/> Execute the plan				
Other/Comments					
DO	REVIEW (OR ASSESS, PLAN OR ACT AGAIN) (CHECKMARK OR FILL IN)				
Review	<input type="checkbox"/> Conduct an onsite review (date, time, action):	<input type="checkbox"/> Conduct an onsite review (date, time, action):	<input type="checkbox"/> Conduct an onsite review (date, time, action):	<input type="checkbox"/> Conduct an onsite review (date, time, action):	<input type="checkbox"/> Conduct an onsite review (date, time, action):
Review	<input type="checkbox"/> Conduct an onsite review (date, time, action):	<input type="checkbox"/> Conduct an onsite review (date, time, action):	<input type="checkbox"/> Conduct an onsite review (date, time, action):	<input type="checkbox"/> Conduct an onsite review (date, time, action):	<input type="checkbox"/> Conduct an onsite review (date, time, action):

Sketch:

Notes: