

TRAFFIC MANAGEMENT CHECKLIST

Work Site:	Inspected By:	Date:
-------------------	----------------------	--------------

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"/>	
Are pedestrian walkways separated from mobile plant and vehicles, where possible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can visitors safely access the office and designated work areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are the surfaces of roads and walkways sealed or otherwise slip-resistant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do all pedestrian routes have clear signage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all vehicle routes clearly marked or signposted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



SAMPLE

ORDER NOW AND GET FULL ACCESS

Completeness	Yes	No	N/A	Actions Required / Comments
Are all vehicle and mobile plant operators licensed and competent to operate, including the relevant type of work planned?	<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 sites and operations been included in traffic management safety assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all relevant parties notified and consulted in communications, including signage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Signage Summary: Additional Comments				