



TRAFFIC PROTECTION PLAN

(Review with all workers working within traffic control areas)

Date:	Time of Day:	Work performed (lane closed, shoulder work, lane shift etc.)															
Project Name / Location:		Weather Conditions:															
Name of Supervisor / Competent worker preparing plan:																	
Personal Protection Equipment required: Hard Hat <input type="checkbox"/> Retroreflective Vest <input type="checkbox"/> Safety Footwear <input type="checkbox"/> STOP/SLOW paddle <input type="checkbox"/> As needed: Safety Glasses <input type="checkbox"/> Retroreflective Arm and Leg Bands (night) <input type="checkbox"/>																	
Required Documents on Site: OTM Book 7 <input type="checkbox"/> Current Traffic Control Plan <input type="checkbox"/>																	
Road and Traffic Conditions: One Lane <input type="checkbox"/> Two Lane <input type="checkbox"/> Multi-Lane Non-Freeway <input type="checkbox"/> Freeway <input type="checkbox"/>																	
Traffic Volume: Low <input type="checkbox"/> High <input type="checkbox"/> Heavy Truck Traffic <input type="checkbox"/>																	
Normal Posted Speed Limit _____ km/hr Reduced Speed Sign Posted _____ to _____ km/hr																	
Work Duration: Mobile Operation <input type="checkbox"/> Very Short Duration <input type="checkbox"/> Short Duration <input type="checkbox"/> Long Duration <input type="checkbox"/>																	
Emergency Services notified? Yes <input type="checkbox"/> No <input type="checkbox"/> If unsure, check with Project Manager																	
Operations: Advanced deposit of devices? <input type="checkbox"/> Setup/ Removal of traffic control? <input type="checkbox"/> Work Zone operations? <input type="checkbox"/>																	
Are all traffic control devices onsite? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, all devices must be onsite before installations can begin																	
Traffic Installers for setup / removal? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many? _____ Give each installer oral and written instructions for their specific site duties and review the TCP.																	
Traffic Control Persons needed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many? _____ Give each TCP oral and written instructions for their specific site duties and review the TCP. If available, give each TCP a copy of the IHSA "Handbook for Construction Traffic Control Persons"																	
TRAFFIC HAZARDS TO WORKERS (check all that apply)	CONTROL MEASURES TAKEN	INSTRUCTIONS FOR TRAFFIC CONTROL PERSONS AT THIS PROJECT (use reverse if necessary)															
<input type="checkbox"/> 1. Through Traffic		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">NAME OF WORKER RECEIVING INSTRUCTIONS</th> <th style="width: 50%;">I have received oral / written instructions and understand all of my traffic control duties. SIGNATURE:</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td></tr> <tr><td>2.</td><td></td></tr> <tr><td>3.</td><td></td></tr> <tr><td>4.</td><td></td></tr> <tr><td>5.</td><td></td></tr> <tr><td>6.</td><td></td></tr> </tbody> </table>		NAME OF WORKER RECEIVING INSTRUCTIONS	I have received oral / written instructions and understand all of my traffic control duties. SIGNATURE:	1.		2.		3.		4.		5.		6.	
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5.																	
6.																	
<input type="checkbox"/> 2. Turning Traffic																	
<input type="checkbox"/> 3. Intersections																	
<input type="checkbox"/> 4. Truck Traffic																	
<input type="checkbox"/> 5. School Zones																	
<input type="checkbox"/> 6. Pedestrians																	
<input type="checkbox"/> 7. Parked Vehicles																	
<input type="checkbox"/> 8. Poor Visibility (Hills/Curves)																	
<input type="checkbox"/> 9. Construction Vehicles																	
<input type="checkbox"/> 10. Work Area Access/Egress																	
<input type="checkbox"/> 11. Slippery Surfaces																	
<input type="checkbox"/> 12. Uneven Surfaces																	
<input type="checkbox"/> 13. Weather																	
<input type="checkbox"/> 14. Night Work																	
<input type="checkbox"/> 15. Freeway Work																	
<input type="checkbox"/> 16. Noise																	
<input type="checkbox"/> 17. Other (specify)																	
TC Set-up reviewed by Supervisor: Yes <input type="checkbox"/> No <input type="checkbox"/> If No, check setup Frequency of checks: _____		Attachments: <input type="checkbox"/> Yes, specify _____															
Plan approved by Supervisor (signature): _____																	