

**MAINTENANCE OF TRAFFIC (MOT) REVIEW REPORT**

Evaluation: **Initial**      **Comprehensive Weekly Report**

- A) Report No.: \_\_\_\_\_ B) Contract No.: \_\_\_\_\_ C) Project No.: \_\_\_\_\_  
 D) Federal Aid Project No(if applicable).: \_\_\_\_\_ E) Project Administrator: \_\_\_\_\_  
 F) Week of Contractor Review: \_\_\_\_\_ G) Date of CFX/Representative Review: \_\_\_\_\_  
 H) Current Project Phase: 1, 2, 3, etc. \_\_\_\_\_ I) Project Location: \_\_\_\_\_  
 J) Areas to be Reviewed:

<b>AREA NO. 1 – TRAFFIC CONTROL PLAN</b>	<b>Y</b>	<b>*N</b>	<b>N/A</b>	<b>DC</b>	<b>REMARKS</b>
A. TCP/ALTERNATE TCP/MODIFICATIONS APPROVED					
B. SIGNED & MARKED ACCORDING TO PLAN					
C. SIDE STREETS SIGNED PROPERLY					
D. SPEED LIMIT REDUCTION NECESSARY WITH SIGN LOCATED PROPERLY					
E. NEEDED TURN LANES IN PLACE					
<b>AREA NO. 2 - GENERAL</b>	<b>Y</b>	<b>*N</b>	<b>N/A</b>	<b>DC</b>	<b>REMARKS</b>
A. SIGNS CORRECT HEIGHT & OFFSET					
B. SIDEWALK CLOSED/SCHOOL MARKING/CROSSWALK SIGNS PLACED PROPERLY					
C. DRIVEWAY & MEDIAN ACCESS ADEQUATE					
D. SIGNAL TIMING/PHASING ADEQUATE					
E. SUFFICIENT WARNING SIGNS IN PLACE					
F. EXISTING SIGNS NOT IN USE REMOVED OR COVERED					
G. SUFFICIENT DEVICES TO GUIDE TRAFFIC THROUGH THE WORK AREA					
H. ROADWAY SURFACE MAINTAINED SATISFACTORILY					
I. MESSAGE BOARDS CONVEY CONCISE MESSAGE TO MOTORISTS					
<b>AREA NO. 3 – NIGHT WORK</b>	<b>Y</b>	<b>*N</b>	<b>N/A</b>	<b>DC</b>	<b>REMARKS</b>
A. LIGHTING PLAN APPROVED					
B. VARIABLE MESSAGE SIGN WARNING LIGHTED WORK ZONE AHEAD					
C. EQUIPMENT HAS FLASHING LIGHTS AND/OR REFLECTIVE SHEETING					
D. PILOT VEHICLE WITH FLASHING LIGHTS AND MESSAGE BOARD					
E. LIGHTING AIMED NOT TO IMPEDE TRAFFIC					
<b>AREA NO. 4 – CLEAR ZONE/HAZARDS</b>	<b>Y</b>	<b>*N</b>	<b>N/A</b>	<b>DC</b>	<b>REMARKS</b>
A. NO EQUIPMENT/MATERIALS/HAZARDS STORED IN CLEAR ZONE					
B. NO UNPROTECTED DROP-OFFS >3"					
<b>AREA NO. 5 – TEMPORARY PAVEMENT MARKINGS</b>	<b>Y</b>	<b>*N</b>	<b>N/A</b>	<b>DC</b>	<b>REMARKS</b>
A. CORRECT APPLICATIONS AND WIDTH					
B. REFLECTIVITY CONDITION SATISFACTORY (TAPE/PAINT/MESSAGES)					
C. CONFLICTING MARKINGS AND PAVEMENT DEBRIS REMOVED					
<b>AREA NO. 6 – TEMPORARY BARRIER WALL</b>	<b>Y</b>	<b>*N</b>	<b>N/A</b>	<b>DC</b>	<b>REMARKS</b>
A. IS WALL CONNECTED AND ANCHORED PER APPROPRIATE RDWY OR STRUCTURES INDEX					
B. IS TRANSITION PER INDEX					
C. HAS PROPER END TREATMENT BEEN INSTALLED CORRECTLY					
D. PROPER POSITION AND LIGHTS MAINTAINED					

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<b>AREA NO. 7 – FLAGGERS</b>													Y	*N	N/A	DC	REMARKS					
A. LIST OF TRAINED FLAGGERS SUBMITTED TO PROJECT ADMINISTRATOR BEFORE CONSTRUCTION BEGINS																						
B. FLAGGER AHEAD SIGN INSTALLED PROPERLY																						
C. FLAGGER WEARING APPROVED SAFETY VEST/USING PROPER STOP/SLOW PADDLE																						
<b>AREA NO. 8 – LANE CLOSURES</b>													Y	*N	N/A	DC	REMARKS					
A. PROPER TRANSITION, SIGHT DISTANCE and BUFFER LENGTHS																						
B. PROPER DEVICE SPACING AND VISIBILITY																						
C. PAVEMENT MARKINGS PLACED CORRECTLY																						
D. PROPER MERGING																						
<b>AREA NO. 9 – DETOURS</b>													Y	*N	N/A	DC	REMARKS					
A. PROPER SIGNING AND PAVEMENT MARKING																						
<b>AREA NO. 10 – PEDESTRIAN/BICYCLIST ACCOMMODATIONS</b>													Y	*N	N/A	DC	REMARKS					
A. SEPARATED FROM WORK OPERATIONS AND TRAFFIC																						
B. PROPER SIGNING WITH PROPER TRAVEL PATHS																						
<b>AREA NO. 11 – BUSINESS ACCOMMODATIONS</b>													Y	*N	N/A	DC	REMARKS					
A. VEHICLE AND PEDESTRIAN ENTRANCES MAINTAINED WITH PROPER DEVICES, SIGNING AND VISIBILITY																						
<b>AREA NO. 12 – TRAFFIC CONTROL DEVICES</b>																						
TYPE	VISIBLE			BEING USED	DEVICES CLEAN			SPACED PROPERLY			NOT MIXED			WORKING (%)	REFL			COLOR			REMARKS/DATE CORRECTED	
	Y	*N	N/A		Y	*N	N/A	Y	*N	N/A	Y	*N	N/A		Y	*N	N/A	Y	*N	N/A		
CONES																						
DRUMS																						
LIGHTS (A,B,&C)																						
FLAGS																						
SIGNS																						
RPM's																						
ARROW BOARD																						
VMS/PCMS																						
PADDLE																						
BARRICADES																						

K) I certify that to the best of my knowledge and belief that the information recorded on this inspection report is accurate.

Print Name of Contractor's WTS: \_\_\_\_\_  
 Signature: \_\_\_\_\_

A false statement of omission made in connection with this certification is sufficient cause for suspension, revocation, or denial of qualification to bid, and a determination of non-responsibility, and may subject the person and/or entity making the false statement to any and all civil criminal penalties available pursuant to applicable Federal and State Law.

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 F) Week of Contractor Review: \_\_\_\_\_ G) Date of CFX/Representative Review: \_\_\_\_\_  
 H) Current Project Phase: 1, 2, 3, etc. \_\_\_\_\_ I) Project Location: \_\_\_\_\_

**L) FOR CFX USE ONLY: CFX NOTIFICATION TO CONTRACTOR OF MOT DEFICIENCIES THAT HAVE NOT BEEN CORRECTED**

\*The following MOT deficiencies as noted above and viewed by CFX/Representative have not been corrected in accordance with Specification. Please take immediate steps to correct these conditions.

*Deficiency (Section J Area No. 1 thru 12)	Date Corrected (24-hours maximum)	Recommended Action (immediate project shut down, pay reductions, etc.)

Central Florida Expressway Authority  
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**FORM INSTRUCTIONS:** The WTS will submit the original **Initial** MOT Review Report to the Project Administrator for the first drive-through inspection on each phase of work and the original **Comprehensive Weekly Report** that will cover daily daytime and weekly night time inspections for daytime projects, and daily night time and weekly daytime inspections for night time projects. The WTS shall correct all safety deficiencies immediately. The WTS shall not allow minor deficiencies that are not safety hazards to remain uncorrected for more than 24 hours (Specs. 102-3.2)

- A) The Contractor shall use consecutive numbers for each report submitted for each project.
- B) Contract Number
- C) Project Number
- D) Federal Aid Project Number (if Applicable)
- E) Project Administrator's Name
- F) Week of WTS review
- G) The CFX/Representative should confirm the WTS MOT Review Report by conducting field inspections, showing a date of this review
- H) MOT work phase at time of review by WTS
- I) Project Location (State Road Number, County Road Number, etc)
- J) The conditions (areas 1-12) that must be reviewed in the field by the WTS with the boxes checked showing the compliance/non-compliance areas in the Work Zone. **The WTS must enter the date when the deficiencies were corrected (DC).** WTS or the Department personnel will use the remarks column to identify any deficiencies.
- K) Printed name of Contractor's WTS with the WTS signature.
- L) CFX notification to the contractor of MOT deficiencies that have not been corrected, and the CFX recommended action. **The date in G) represents the date given to the Contractor.**