

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:

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

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AREA NO. 7 – FLAGGERS													Y	*N	N/A	DC	REMARKS					
A. LIST OF TRAINED FLAGGERS SUBMITTED TO PROJECT ADMINISTRATOR BEFORE CONSTRUCTION BEGINS													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
B. FLAGGER AHEAD SIGN INSTALLED PROPERLY													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
C. FLAGGER WEARING APPROVED SAFETY VEST/USING PROPER STOP/SLOW PADDLE													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
AREA NO. 8 – LANE CLOSURES													Y	*N	N/A	DC	REMARKS					
A. PROPER TRANSITION, SIGHT DISTANCE and BUFFER LENGTHS													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
B. PROPER DEVICE SPACING AND VISIBILITY													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
C. PAVEMENT MARKINGS PLACED CORRECTLY													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
D. PROPER MERGING													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
AREA NO. 9 – DETOURS													Y	*N	N/A	DC	REMARKS					
A. PROPER SIGNING AND PAVEMENT MARKING													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
AREA NO. 10 – PEDESTRIAN/BICYCLIST ACCOMMODATIONS													Y	*N	N/A	DC	REMARKS					
A. SEPARATED FROM WORK OPERATIONS AND TRAFFIC													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
B. PROPER SIGNING WITH PROPER TRAVEL PATHS													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
AREA NO. 11 – BUSINESS ACCOMMODATIONS													Y	*N	N/A	DC	REMARKS					
A. VEHICLE AND PEDESTRIAN ENTRANCES MAINTAINED WITH PROPER DEVICES, SIGNING AND VISIBILITY													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
AREA NO. 12 – TRAFFIC CONTROL DEVICES																						
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DRUMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
LIGHTS (A,B,&C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
FLAGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SIGNS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
RPM's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ARROW BOARD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
VMS/PCMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PADDLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
BARRICADES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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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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.)

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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.**