

TEMPORARY TRAFFIC CONTROL PLANNING CHECKLIST

PROPOSED WORK START DATE _____ CAMPUS LOCATION _____

CONTRACTOR / LU DEPARTMENT PERFORMING WORK _____

CONTACT PERSON or PROJECT MANAGER _____ PHONE NUMBER _____

DURATION _____

(<1Hr, >1Hr and <1 Day, >1 Day and <3 Days, Night work > 1Hr, >3 Days)

TYPE OF WORK _____

(Road Maintenance, Utility (Data, Electrical, Water, Sewer), Tree Trimming, Light Poles, Christmas Decorations)

WILL THE WORK REQUIRE TRENCHING & EXCAVATING ? (tick box) YES NO

WILL THE WORK REQUIRE PERSONNEL ENTERING CONFINED SPACES ? (tick box) YES NO

(e.g. manholes, underground vaults, storm drain inlets, sanitary sewers)

ROADWAY CHARACTERISTICS

NUMBER OF LANES (4 Lane, 2 Lane, Parking Lot) _____ APPROXIMATE LANE WIDTH (ft) _____

SELECT CLOSURE WIDTH (ft) _____ SELECT CLOSURE LENGTH (ft) _____

POSTED SPEED LIMIT (15, 25, 35 mph) _____

SPECIFIC WORK LOCATION _____

(e.g. beyond shoulder, on shoulder/sidewalk, on roadway)

ATTACH DRAWING OR AERIAL PHOTOGRAPH SHOWING PROPOSED WORK AREA

APPROVALS:-

Department	Print Name	Signature	Date
Department Director			
EHS Representative			
LUPD Representative			

Instructions for completing the Temporary Traffic Control Planning Checklist

A copy of this document MUST be available in the field to the field staff anytime work is being done. Diagram/Drawing MUST show proposed locations of signs, flaggers, etc.

1. **Proposed Work Start Date** - Select from dropdown calendar. Give at least 7 days' notice if possible, to allow for the proper planning. If the work needs to be done immediately because of an emergency, then contact EHS at 582-3389.
2. **Campus Location** is a brief description of the work location.
3. **Contractor / LU Department Performing Work** is the company name or department who will be actually performing the work which requires temporary traffic controls. If using a contractor put in the contractor plus the LU department who is responsible for the contractor.
4. **Contact Person or Project Manager and Phone Number** is the main contact planning the job and is the best person to answer any questions about the work. Their Cellphone number would be best to contact them out in the field.
5. **Duration** – select from dropdown list.
6. **Type of Work** – select from dropdown list, or type in your custom text describing the work.
7. **Will the work require trenching & excavating, or personnel entering confined spaces** – tick YES / NO boxes as appropriate. If YES is selected, then further training may be necessary or additional permits may be required.
8. **Roadway Characteristics** – This information is important as it will determine the equipment required (signs, cones, flaggers, barricades, etc.) to make the traffic control safe. Select **Number of Lanes** from dropdown box. Type in the **Approximate Road Width, Closure Width & Closure Length** in Feet.
9. **Posted Speed Limit** – select from dropdown box the speed limit for the section of roadway that the work is planned for.
10. **Specific Work Location** – Select from dropdown box the location of the work required.
11. **Attach drawing or aerial photograph showing the proposed work area** – This is an important part where the exact location is identified. Show manholes, road widths, trees, light poles and the position of work vehicles, boom lifts, ladders or any other pertinent information which related to the worksite. This should include the proposed placement of signs, flaggers, etc.
12. **Department Director Approval** – This Name, Signature and Date should be from the Director of the department requesting the work (IT, Grounds, Maintenance, etc.). The Checklist can then be printed using the PRINT FORM button at the top of the page and emailed or hand delivered to EHS for review before being sent to LUPD.