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| **Insert your logo here** | Weekly Temporary Traffic Management inspection checklist(TCAWS Manual Appendix E3 checklist) | TCAWS**INS-03** |
| Checklist for ensuring that the traffic management plan, traffic guidance scheme and other relevant plans are appropriate, operating safely and effectively. |

**Disclaimer**

*While care and diligence has been taken to produce the checklists, templates, and example documents (Documents), no responsibility is taken, or warranty made with respect to the accuracy or correctness of the Documents. Transport for NSW expressly disclaim all liability for any omissions, errors, inaccuracy, or incompleteness of any of the Documents and the consequences upon reliance of the Documents.*

*The Documents are provided for general information purposes only. While every attempt has been made to align these documents with the Traffic control at work sites (TCAWS) Technical Manual, the Documents provided are only examples. The use of these Documents may not fulfill all the relevant requirements in the latest release of the TCAWS Technical Manual. It is the obligation of the user to ensure that appropriate modifications are made to meet the requirements of the TCAWS Technical Manual.*

*Disclaimer updated on 20 October 2023, 9:00am*

Weekly inspections must only be carried out by a PWZTMP (Prepare work zone traffic management plan) qualified person. Weekly inspections must be carried out when a site is first open and at least once every week thereafter.

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| Completed by:  |
| Name: |  | Signature: |  |
| TMP Reference: |  | TGS Reference: |  |
| Date: |  | Inspection type | [ ]  Pre-opening  | [ ]  Weekly |
| Desktop review |
| **Is a copy of the location TMP and relevant TGS available?*****If no inspection must not be undertaken until documents are obtained*** | [ ]  Yes[ ]  No |
| **Details of TMP and TGS:** |  |
| **Are the location TMP and relevant TGS approved?*****If no, work must be stopped until documents are approved***  | [ ]  Yes[ ]  No |
| Comments or details of action taken: |  |
| Site Inspection |  |
| **Inspection completed:** |  | ☐During the day ☐During the night  |
| **Signs and devices positioned as prescribed and commanding attention?** ***If no provide details and rectify signs*** | [ ]  Yes[ ]  No |
| Comments or details of action taken: |  |
| Site Inspection |
| **Sign sizes as prescribed?*****If no provide details and rectify signs*** | [ ]  Yes[ ]  No |
| Comments or details of action taken: |  |
| **Signs are mounted level and suitably clear of travel lanes?*****If no provide details and rectify signs*** | [ ]  Yes[ ]  No |
| Comments or details of action taken: |  |
| **Has temporary delineation been applied as prescribed, with permanent markings obliterated?*****If no provide details of action required to rectify delineation*** | [ ]  Yes[ ]  No |
| Comments or details of action taken: |  |
| **Are registered trailers i.e. VMS / light towers; suitably clear of travel lanes and delineated?** ***If no provide details and rectify location*** | [ ]  Yes[ ]  No |
| Comments or details of action taken: |  |
| **Are temporary speed zones operating as prescribed?*****If no provide details and discuss with work supervisor*** | [ ]  Yes[ ]  No |
| Comments or details of action taken: |  |
| **Are PTCD positioned as prescribed in TGS?*****If no provide details of action required to rectify***  | [ ]  Yes[ ]  No |
| Comments or details of action taken: |  |
| Site Inspection |
| **Are manual traffic controllers clear of travel lane, have suitable escape route?*****If no provide details of action required to rectify*** | [ ]  Yes[ ]  No |
| Comments or details of action taken: |  |
| **Are site accesses and egresses well defined and safe for work vehicles?** ***If no provide details of action required to rectify*** | [ ]  Yes[ ]  No |
| Comments or details of action taken: |  |
| **Termination signs are suitably located? i.e. D downstream of last activity.*****If no provide details of action required to rectify*** | [ ]  Yes[ ]  No |
| Comments or details of action taken: |  |
| Post site inspection confirmation  |
| **Is worksite layout operating safely as intended?** ***If no provide details and implement controls to rectify*** | [ ]  Yes[ ]  No |
| Comments or details of action taken: |  |
| **Has TMP identified and addressed key TTM risks?** ***If no provide details and implement controls to rectify*** | [ ]  Yes[ ]  No |
| Comments or details of action taken: |  |
| **Have key TTM risks been addressed on site?** ***If no provide details of additional hazards and controls required*** | [ ]  Yes[ ]  No |
| Comments or details of action taken: |  |
| **Have copies of Shift Inspections been sighted as completed as required?** ***If no provide details and discuss with nominated rep completing Shift Inspections***  | [ ]  Yes[ ]  No[ ]  N/A |
| Comments or details of action taken: |  |

Additional comments:

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