

PLANNING AND PREPARATION CHECKLIST

Project: _____ Signer Name: _____
 Road Name or #: _____ Signer Phone #: _____
 Date From: _____ Date To: _____
 Time From: _____ Time To: _____ Signer's Signature: _____

Determine	Assess (Checkmark and / or fill in)				
Work Type	<input type="checkbox"/> Const. / Maintenance	<input type="checkbox"/> Utility	<input type="checkbox"/> Mobile Operation	Comment: _____	
Road Class	<input type="checkbox"/> 100 Series	<input type="checkbox"/> Controlled Access	<input type="checkbox"/> Trunk Highway	<input type="checkbox"/> Route	<input type="checkbox"/> Street
Road Configuration	<input type="checkbox"/> Multi-lane	<input type="checkbox"/> Two-lane two-way	<input type="checkbox"/> One-way	<input type="checkbox"/> Intersection	<input type="checkbox"/> Divided
Traffic Volume	<input type="checkbox"/> High Volume	<input type="checkbox"/> Low Volume	_____ Count (vph)	Comment: _____	
Time / Night, Day	<input type="checkbox"/> Long Duration	<input type="checkbox"/> Short Duration	<input type="checkbox"/> Very Short Duration	<input type="checkbox"/> Night	<input type="checkbox"/> Day
Encroachment	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Partial Lane Closure	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Off Shoulder	Comment: _____
Speed Zone	<input type="checkbox"/> 90 - 110 km/h	<input type="checkbox"/> 80 km/h	<input type="checkbox"/> 60 - 70 km/h	<input type="checkbox"/> 50 km/h	<input type="checkbox"/> Temp. Reduction (approval)
Sight Lines	<input type="checkbox"/> For Signs Comment: _____	<input type="checkbox"/> For TCP Comment: _____	<input type="checkbox"/> For Tapers Comment: _____	<input type="checkbox"/> For FLUs Comment: _____	Other comments: _____ _____ _____ _____
People Impacts	<input type="checkbox"/> Emergency Services Comment: _____	<input type="checkbox"/> Pedestrians Comment: _____	<input type="checkbox"/> School Children Comment: _____	<input type="checkbox"/> Businesses Comment: _____	<input type="checkbox"/> Property Owners Comment: _____
Other	_____ Work Area Length	_____ Buffer Area Length	<input type="checkbox"/> TCP Escape Route	<input type="checkbox"/> Weather	<input type="checkbox"/> Existing Signs and Controls
Other	<input type="checkbox"/> Wires, Cables, Pipes	<input type="checkbox"/> Accident History	<input type="checkbox"/> Lighting	<input type="checkbox"/> Hills & Curves	<input type="checkbox"/> Bridge/ Barrier Restriction
Other (Describe)	<input type="checkbox"/> Excavation	<input type="checkbox"/> Intersections / Railways	_____	_____	_____

Sketch

Determine	Plan (Checkmark or fill in)				
Manual References	Application Guide #: _____	Sign Procedure #: _____	Delineator Procedure #: _____	<input type="checkbox"/> Custom Drawing (See attached)	<input type="checkbox"/> Custom Rules (See attached)
Quantity and Type of Signs (Check standards)	____ TC-	____ TC-	____ TC-	____ RB-	____ Other:
	____ TC-	____ TC-	____ TC-	____ RB-	____ Other:
	____ TC-	____ TC-	____ TC-	____ RB-	____ Other:
	____ TC-	____ TC-	____ TC-	____ RB-	____ Other:
Number of Devices (Check standards)	____ F-shape Barriers	____ Barricades, TC- ____ Barricades, TC-	____ FLUs	____ Drums	____ Cones (or High Delineators)
Human Resources	____ Labour	____ Traffic Control Persons <input type="checkbox"/> Hat <input type="checkbox"/> Paddle <input type="checkbox"/> Vest <input type="checkbox"/> Footwear <input type="checkbox"/> Cuffs <input type="checkbox"/> Pen / pencil <input type="checkbox"/> Shirt <input type="checkbox"/> Paper <input type="checkbox"/> Pants <input type="checkbox"/> Certificate <input type="checkbox"/> Signer's name & phone #	____ Vehicle drivers	____ Other	
Vehicle Numbers (Check standards)	____ Protection & TMA	____ Blocker (under-ride protection?)	____ Service	____ Trail	____ Other
Assessment Solutions	<input type="checkbox"/> Every Item Identified in the Assessment Section of the Checklist has a corresponding solution. Solutions provide for the communication of work impacts and the safety of workers, public road users, and pedestrians (including school children.)				
Other (Describe)					

Do	Act (Checkmark or fill in)
Communications	<input type="checkbox"/> Conduct a toolbox talk to communicate everyone's responsibilities.
Execute	<input type="checkbox"/> Execute the plan.
Comments / Other	

Do	Review (or Assess again, Plan, Act again) (Checkmark and fill in)				
Review	<input type="checkbox"/> Conduct an on-site review (date, time, action): _____ _____ _____	<input type="checkbox"/> Conduct an on-site review (date, time, action): _____ _____ _____	<input type="checkbox"/> Conduct an on-site review (date, time, action): _____ _____ _____	<input type="checkbox"/> Conduct an on-site review (date, time, action): _____ _____ _____	<input type="checkbox"/> Conduct an on-site review (date, time, action): _____ _____ _____
Review	<input type="checkbox"/> Conduct an on-site review (date, time, action): _____ _____ _____	<input type="checkbox"/> Conduct an on-site review (date, time, action): _____ _____ _____	<input type="checkbox"/> Conduct an on-site review (date, time, action): _____ _____ _____	<input type="checkbox"/> Conduct an on-site review (date, time, action): _____ _____ _____	<input type="checkbox"/> Conduct an on-site review (date, time, action): _____ _____ _____

Notes:
