STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION MAINTENANCE OF TRAFFIC (MOT) REVIEW REPORT

700-011-37 CONSTRUCTION 10/21

REMARKS

REMARKS

REMARKS

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N/A

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A) Report No.:	B) Contract No.:	_ C) Fin No.: _						
D) Federal Aid Project No.:	E) Pr	ime Contractor:						
F) Date and Time (mm/dd/yy xx:x	x AM/PM) of Review:							
G) Project Location:								
H) Areas to be Reviewed in accord	dance with the Contract Documents:							
AREA NO. 1 – TRAFFIC CONTRO	DL PLAN		Υ	Ν	N/A	DC	REMARKS	
A. TCP/ALTERNATE TCP/MODIFICA	TIONS HAVE BEEN APPROVED							
B. SIGNING AND PAVEMENT MARK	INGS INSTALLED ACCORDING TO APPROVED TCP							
C. SIDE STREETS PROPERLY SIGN	IED							
D. ALL DEVICES USED FOR SPEED	LIMIT REDUCTIONS WERE INSTALLED IN ACCORDANC	E WITH						
APPROVED TCP								
E. NEEDED TURN LANES IN PLACE								
AREA NO. 2 - GENERAL			Υ	Ν	N/A	DC	REMARKS	
A. SIGNS CORRECT HEIGHT & OFF	SET							
B. SIDEWALK CLOSED/SCHOOL MA	ARKING/CROSSWALK SIGNS PLACED PROPERLY							
C. DRIVEWAYS, BUSINESS ENTRAM	NCES & MEDIAN ACCESS ARE INSTALLED IN							
ACCORDANCE WITH APPROVED TO								
D. SIGNAL TIMING/PHASING ARE IN	ACCORDANCE WITH APPROVED TCP							
E. ADVANCED WARNING SIGNS IN								
F. EXISTING SIGNS NOT IN USE WE								
	TRAFFIC THROUGH THE WORK AREA							
H. ROADWAY SURFACE MAINTAINE								
I. MESSAGE BOARDS CONVEY CO								
J. APL NUMBERS PROPERLY MARK								
	LLED AND FUNCTIONING (IF APPLICABLE)							
AREA NO. 3 – NIGHT WORK			Y	Ν	N/A	DC	REMARKS	
A. LIGHTING PLAN APPROVED								
	AGE SIGN WARNING LIGHTED WORK ZONE AHEAD							
	N THE PROJECT HAVE FLASHING LIGHTS AND/OR REFI	ECTIVE						
SHEETING								
D. LIGHTING AIMED NOT TO IMPED	DE TRAFFIC							

AREA NO. 4 - CLEAR ZONE/HAZARDS

A. CORRECT APPLICATIONS AND WIDTH

AREA NO. 6 – TEMPORARY BARRIER WALL

TCP AND STANDARD PLANS

A. NO EQUIPMENT/MATERIALS/HAZARDS STORED IN CLEAR ZONE

B. REFLECTIVITY CONDITION SATISFACTORY (TAPE/PAINT/MESSAGES) C. CONFLICTING MARKINGS AND PAVEMENT DEBRIS PROPERLY REMOVED

AREA NO. 5 – TEMPORARY PAVEMENT MARKINGS

B. DROP-OFFS AND ABOVE GROUND HAZARDS ARE PROTECTED IN ACCORDANCE WITH APPROVED

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION MAINTENANCE OF TRAFFIC (MOT) REVIEW REPORT

A. BARRIER CONNECTED AND ANCHORED IN ACCORDANCE WITH APPROPRIATE STANDARD PLAN OR Image: Construction of the constructio											0741					-	1	1		
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STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION MAINTENANCE OF TRAFFIC (MOT) REVIEW REPORT

700-011-37 CONSTRUCTION 10/21

FORM INSTRUCTIONS: The Senior Project Engineer/Project Administrator will review the completed MOT Review Report. This form is intended for documentation of inspections performed in accordance with CPAM 9.1. Notify the WTS to correct all deficiencies. The WTS shall correct minor deficiencies that are not immediate safety deficiencies within 24 hours. Refer to CPAM 9.1 for additional guidance about MOT deficiencies or safety concerns.

A) Use consecutive numbers for each report completed for each project.

- B) Contract Number.
- C) Financial Project Identification Number.
- D) Federal Aid Project Number.
- E) Prime Contractor's Name.
- F) Date and Time of Review

G) Project Location (State Road Number, County Road Number, etc)

H) The conditions (areas 1-12) that must be reviewed in the field with the boxes checked showing the compliant/non-compliant areas in the Work Zone. Enter the date when the deficiencies were corrected (DC). Use the remarks column to summarize the deficiency.

When using this form for documentation of supplementary area specific reviews, select N/A for areas not being reviewed.

I) Printed name and signature of CEI Representative.