

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

700-011-37  
 CONSTRUCTION  
 10/21

- A) Report No.: \_\_\_\_\_ B) Contract No.: \_\_\_\_\_ C) Fin No.: \_\_\_\_\_
- D) Federal Aid Project No.: \_\_\_\_\_ E) Prime Contractor: \_\_\_\_\_
- F) Date and Time (mm/dd/yy xx:xx AM/PM) of Review: \_\_\_\_\_
- G) Project Location: \_\_\_\_\_
- H) Areas to be Reviewed in accordance with the Contract Documents:

<b>AREA NO. 1 – TRAFFIC CONTROL PLAN</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>DC</b>	<b>REMARKS</b>
A. TCP/ALTERNATE TCP/MODIFICATIONS HAVE BEEN APPROVED					
B. SIGNING AND PAVEMENT MARKINGS INSTALLED ACCORDING TO APPROVED TCP					
C. SIDE STREETS PROPERLY SIGNED					
D. ALL DEVICES USED FOR SPEED LIMIT REDUCTIONS WERE INSTALLED IN ACCORDANCE WITH APPROVED TCP					
E. NEEDED TURN LANES IN PLACE					
<b>AREA NO. 2 - GENERAL</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>DC</b>	<b>REMARKS</b>
A. SIGNS CORRECT HEIGHT & OFFSET					
B. SIDEWALK CLOSED/SCHOOL MARKING/CROSSWALK SIGNS PLACED PROPERLY					
C. DRIVEWAYS, BUSINESS ENTRANCES & MEDIAN ACCESS ARE INSTALLED IN ACCORDANCE WITH APPROVED TCP					
D. SIGNAL TIMING/PHASING ARE IN ACCORDANCE WITH APPROVED TCP					
E. ADVANCED WARNING SIGNS IN PLACE					
F. EXISTING SIGNS NOT IN USE WERE REMOVED OR COVERED					
G. SUFFICIENT DEVICES TO GUIDE TRAFFIC THROUGH THE WORK AREA					
H. ROADWAY SURFACE MAINTAINED SATISFACTORILY					
I. MESSAGE BOARDS CONVEY CONCISE MESSAGE TO MOTORISTS					
J. APL NUMBERS PROPERLY MARKED ON DEVICES					
K. MAS SYSTEM PROPERLY INSTALLED AND FUNCTIONING (IF APPLICABLE)					
<b>AREA NO. 3 – NIGHT WORK</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>DC</b>	<b>REMARKS</b>
A. LIGHTING PLAN APPROVED					
B. PORTABLE CHANGEABLE MESSAGE SIGN WARNING LIGHTED WORK ZONE AHEAD					
C. VEHICLES/EQUIPMENT USED ON THE PROJECT HAVE FLASHING LIGHTS AND/OR REFLECTIVE SHEETING					
D. LIGHTING AIMED NOT TO IMPEDE TRAFFIC					
<b>AREA NO. 4 – CLEAR ZONE/HAZARDS</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>DC</b>	<b>REMARKS</b>
A. NO EQUIPMENT/MATERIALS/HAZARDS STORED IN CLEAR ZONE					
B. DROP-OFFS AND ABOVE GROUND HAZARDS ARE PROTECTED IN ACCORDANCE WITH APPROVED TCP AND STANDARD PLANS					
<b>AREA NO. 5 – TEMPORARY PAVEMENT MARKINGS</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>DC</b>	<b>REMARKS</b>
A. CORRECT APPLICATIONS AND WIDTH					
B. REFLECTIVITY CONDITION SATISFACTORY (TAPE/PAINT/MESSAGES)					
C. CONFLICTING MARKINGS AND PAVEMENT DEBRIS PROPERLY REMOVED					
<b>AREA NO. 6 – TEMPORARY BARRIER WALL</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>DC</b>	<b>REMARKS</b>

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A. BARRIER CONNECTED AND ANCHORED IN ACCORDANCE WITH APPROPRIATE STANDARD PLAN OR APL DRAWING																							
B. TRANSITION and OVERLAPS INSTALLED PER STANDARD PLAN																							
C. CRASH CUSHION INSTALLED CORRECTLY AND PROPERLY MAINTAINED																							
D. OFFSET AND DEFLECTION SPACE MAINTAINED IN ACCORDANCE WITH STANDARD PLANS																							
<b>AREA NO. 7 – FLAGGERS</b>															<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>DC</b>	<b>REMARKS</b>				
A. CURRENT LIST OF TRAINED FLAGGERS SUBMITTED TO PROJECT ADMINISTRATOR BEFORE CONSTRUCTION BEGINS																							
B. FLAGGER WEARING APPROVED SAFETY VEST/USING PROPER STOP/SLOW PADDLE																							
C. FLAGGER STATION HAS PROPER LIGHTING FOR NIGHT WORK																							
<b>AREA NO. 8 – LANE CLOSURES</b>															<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>DC</b>	<b>REMARKS</b>				
A. PROPER TRANSITION, SIGHT DISTANCE and BUFFER SPACE																							
B. PROPER DEVICE SPACING AND VISIBILITY																							
C. PAVEMENT MARKINGS PLACED CORRECTLY																							
<b>AREA NO. 9 – DETOURS</b>															<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>DC</b>	<b>REMARKS</b>				
A. DETOURS INSTALLED IN ACCORDANCE WITH APPROVED TCP WITH PROPER SIGNING AND PAVEMENT MARKINGS																							
B. SPECIAL DETOURS (I.E. LANE SHIFTS or DIVERSIONS) ARE PROPERLY INSTALLED																							
<b>AREA NO. 10 – PEDESTRIAN/BICYCLIST ACCOMMODATIONS</b>															<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>DC</b>	<b>REMARKS</b>				
A. PEDESTRIAN DETOURS and DIVERSIONS INSTALLED PER TCP																							
B. TEMPORARY WALKWAYS HAVE PROPER SIGNING AND ADA COMPLIANT																							
C. PEDESTRIAN LCDs PROPERLY INSTALLED																							
D. EXISTING, NEW, and TEMPORARY CURB RAMPS HAVE DETECTABLE WARNINGS																							
<b>AREA NO. 11 – BUSINESS ACCOMMODATIONS</b>															<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>DC</b>	<b>REMARKS</b>				
A. VEHICLE AND PEDESTRIAN ENTRANCES MAINTAINED WITH APPROPRIATE DEVICES, SIGNING AND VISIBILITY																							
<b>AREA NO. 12 – TRAFFIC CONTROL DEVICES</b>																							
TYPE	VISIBLE			DEVICES CLEAN			SPACED PROPERLY			NOT MIXED			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																							
DRUMS																							
BARRICADES																							
FIXED CHANNELIZING DEVICES																							
SIGNS																							
RPM's																							
ARROW BOARD																							
PCMS																							
RADAR SPEED DISPLAY UNIT																							
STOP/SLOW PADDLE																							
PEDESTRIAN LCDs																							

\_\_\_\_\_  
 CEI Representative (Name/Title)

\_\_\_\_\_  
 Signature

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**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.