

ANNEX S CHECKLIST FOR DAILY TRAFFIC MANAGEMENT

	Checklist for Daily Traffic Management	Ver-00 DD/MM/YYYY
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*To be filled at the Start of the day

Name of Location:		
Date:		
Responsible Personnel:		
Aspects	Details	Remarks
Is there a plan for vehicle movement with timings?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
What are the number of vehicles required for the activity?		
List the type of vehicles and number of each type (i.e., cars, trucks, excavators, cranes, forklifts etc.)		
Is width of the road adequate for proposed vehicle movement to the site?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Are there sensitive locations along the route of transportation? If yes, please specify under the remarks column.	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Are alternate routes planned for regular traffic diversion due to construction activities along the road?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Are there safety barricades, signages along excavated road stretches and diversions?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Are there dedicated parking areas at all construction sites?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Are there any incidents/ near misses? If yes, please specify the number of incidents and conduct follow up checks to determine if the incidents have been followed up.	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	
Do all drivers have valid driving licenses?	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	