**Traffic Management Daily Diary (Dec 2024)**

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| **Location:** |  | | | | | **Client:** | | | | |  | | | | | | **Date:** |  | | | | |  |
| **TMP No:** |  | | | | **TGS No:** |  | | | | | **Weather Conditions:** | | |  | | | | | | **Diary Sheet:** | **of** | |  |
| **Start Time at Depot:** | |  | | **Time Arrive Onsite:** | | |  | | | **Commencement of Site Setup:** | | | | | |  | | **Site Setup and Operational:** | | | |  |  |
| **Site Pulled Down at:** | |  | | **Time Aftercare signs setup:** | | | |  | | | | **TGS No:** |  | | **Time left site:** | | |  | **Finish time at Depot:** | | |  |  |
| **Day Works** | | **Night Works** | | | | | **Emergency Response** | | | | | | **Site Setup as per TGS  Yes  No (if not comment on next page)** | | | | | | | | | |  |
| **Attendance at Pre-Start Meeting** | | | | | | | **Did an incident occur (if yes complete incident report form)  Yes  No** | | | | | | | | | | | | | | | |  |
| I confirm that the above times of ‘setup’ and ‘pulldown’ of traffic management signs and devices are a true and correct record | | | | | | | | | | | | | | | | | | |  | | | |  |
| Name (Site Supervisor): | | |  | | | | Signed: | |  | | | | | |  | | | |  | | | |  |
| **Drive Through Checks** (Checks must be conducted at least every 2 hours) | | | | | | | | | | | | | | | | | | | | | | |  |
| Time of check entered. Rule off and leave blank if the check does not apply to the site. Make a note of any issues on the next page. | | | | | | | | | | | | | | | | | | | | | | |  |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Traffic Management Site Checks** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | **Time** |  |  |  |  |  |  |  |  |  |  | | Drive Through Video Recording conducted as per Main Roads Requirements |  |  |  |  |  |  |  |  |  |  | | Are signs upright, clean, visible, level & stable |  |  |  |  |  |  |  |  |  |  | | Are taper lengths correct |  |  |  |  |  |  |  |  |  |  | | Are speed limit signs correct and doubled up |  |  |  |  |  |  |  |  |  |  | | Are sign spacings correct |  |  |  |  |  |  |  |  |  |  | | Are cone/bollard alignments straight & spaced correctly |  |  |  |  |  |  |  |  |  |  | | Are devices operating correctly |  |  |  |  |  |  |  |  |  |  | | Are pedestrians, cyclists and other vulnerable road users catered for |  |  |  |  |  |  |  |  |  |  | | Are lane widths adequate |  |  |  |  |  |  |  |  |  |  | | Are vehicle queue lengths acceptable |  |  |  |  |  |  |  |  |  |  | | Is road surface condition adequate |  |  |  |  |  |  |  |  |  |  | | Is the work area clearly defined? |  |  |  |  |  |  |  |  |  |  | | Are the travel paths for both directions of traffic clearly defined? Is the work area appropriately separated from passing traffic? Check the transition at the interface of the modified alignment. |  |  |  |  |  |  |  |  |  |  | | Are centre lines/lane lines/edge lines clear and unambiguous? |  |  |  |  |  |  |  |  |  |  | | Are sight and stopping distances adequate at works, at  intersections and driveways? |  |  |  |  |  |  |  |  |  |  | | Are traffic lanes clearly delineated? |  |  |  |  |  |  |  |  |  |  | | Are lighting for night-time controls operating correcting? |  |  |  |  |  |  |  |  |  |  | | Have other risks associated with traffic management at night been catered for, e.g. placement of lighting towers |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **No. of TTM Vehicles Onsite:** | | |  | | | | | | | **No. of TTM Personnel Onsite:** | | | | | | |  | | |  | | | | | |
| **TTM Personnel Names & Accreditations:** | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | **Accreditation Details (tick)** | | | | | | **Time of Break from Stop/Slow**  (Traffic controllers must have a 15 minute break every two hours of constant stop/slow operation) | | | | | | | | | | | | | | | | |
|  | | |
| **Name** | | | **TC** | **BWTM** | **WTM** | **AWTM** | | **OTMA** | On | | | Off | On | | Off | On | | | Off | | On | Off | | |
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| Additional Comments | |  |  | | | | | |  | | |  |  | |  |  | | |  | |  |  | |  |
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|  | I confirm that the details contained herein are true and correct | | | | | | | | | | |  |  | |  |  | | |  | |  | |  |  |
|  | Name: (TTM Leader): | | | | | |  | | | | Signed: | | |  | | | |  | | | | |  |  | |
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