

# Appendix E – Inspection checklists and tools

## INFORMATIONAL APPENDIX

### E.1 Scope

This Appendix provides a number of checklists that may be used by project teams in relation to inspections. While every attempt has been made to align these checklists with the requirements of this Technical Manual, the checklists are examples only. Completion of these checklists might not necessarily fulfil all of the relevant requirements of this Technical Manual. And thus, pertaining to each work site, it remains the obligation of project teams to ensure all relevant requirements of this Technical Manual have been met regardless of the content of these example checklists.

## E.2 TGS verification checklist

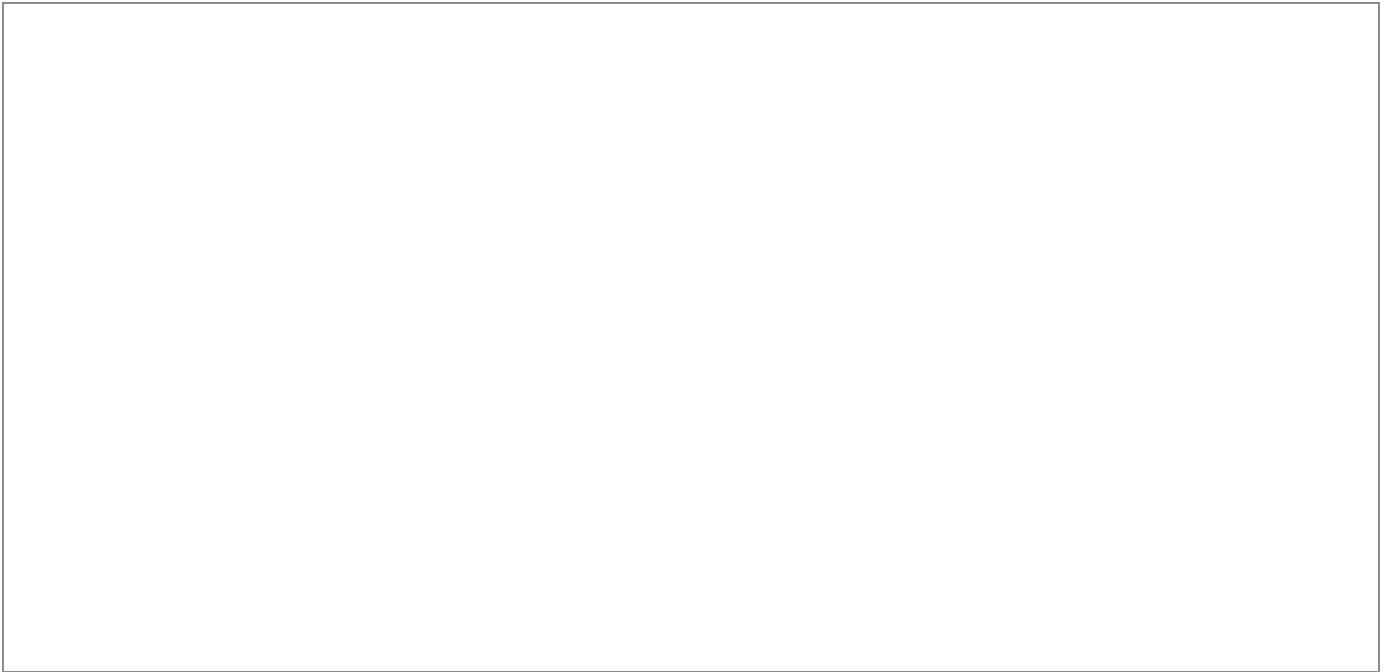
TGS Verification must be undertaken after selecting or designing a TGS as a confirmation of appropriateness prior to approval for use. A PWZTMP or ITCP qualified person must undertake this verification.

Completed by:			
Name:		Signature:	
Qualification			
TGS details:			
TMP Reference:		TGS Reference:	
Date:		Review type	<input type="checkbox"/> Site Inspection <input type="checkbox"/> Desktop review
Sources used for desktop review			
Site details			
Street name:		Confirmed posted speed limits:	
Street name:		Confirmed posted speed limits:	
Street name:		Confirmed posted speed limits:	
<b>List unique site specific Hazards / Risks identified on site</b>			
<i>E.g. utilities, infrastructure, vegetation, schools,</i>			

<b>TGS details</b>					
<b>Have the below been addressed on the TGS for this location?</b>					
<b>Traffic volumes</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Details	
<b>Predicted queue length</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Details	
<b>Shoulder widths</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Details	
<b>Sight distances</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Details	
<b>Existing infrastructure</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Details	
<b>Transport services</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Details	
<b>Pedestrian generators</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Details	
<b>Appropriate site access</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Details	
<b>Appropriate escape route for traffic controllers</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Details	

Confirmation	
<p><b>Does TGS require adjustments within tolerances?</b>  <i>If yes provide details TGS must include these adjustments with justification.</i></p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No
<p>Comments or details of action taken:</p>	
<p><b>Does TGS require any additional changes or modifications?</b>  <i>If yes provide details and return TGS to designer for additional changes or modifications</i></p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No
<p>Comments or details of action taken:</p>	
<p><b>Is TGS appropriate for use for works required at this location?</b>  <i>If no provide details and, return TGS into file and select alternative, if design returned to designer for correction</i></p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No
<p>Comments or details of action taken:</p>	
<p><b>Have key TTM risks been addressed on site?</b>  <i>If no, provide details and return TGS to designer for correction, review and approval</i></p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No
<p>Comments or details of action taken:</p>	

Additional comments:



### E.3 Weekly TTM inspection checklist

Weekly inspections must only be carried out by a PWZTMP qualified person. Weekly inspections must be carried out when a site is first open and at least once every week thereafter.

Completed by:			
Name:		Signature:	
TMP Reference:		TGS Reference:	
Date:		Inspection type	<input type="checkbox"/> Pre-opening <input type="checkbox"/> Weekly
Desktop review			
Is a copy of the location TMP and relevant TGS available? <i>If no inspection must not be undertaken until documents are obtained</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of TMP and TGS:			
Are the location TMP and relevant TGS approved? <i>If no, work must be stopped until documents are approved</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments or details of action taken:			
Site Inspection			
Inspection completed:	<input type="checkbox"/> During the day <input type="checkbox"/> During the night		
Signs and devices positioned as prescribed and commanding attention? <i>If no provide details and rectify signs</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments or details of action taken:			

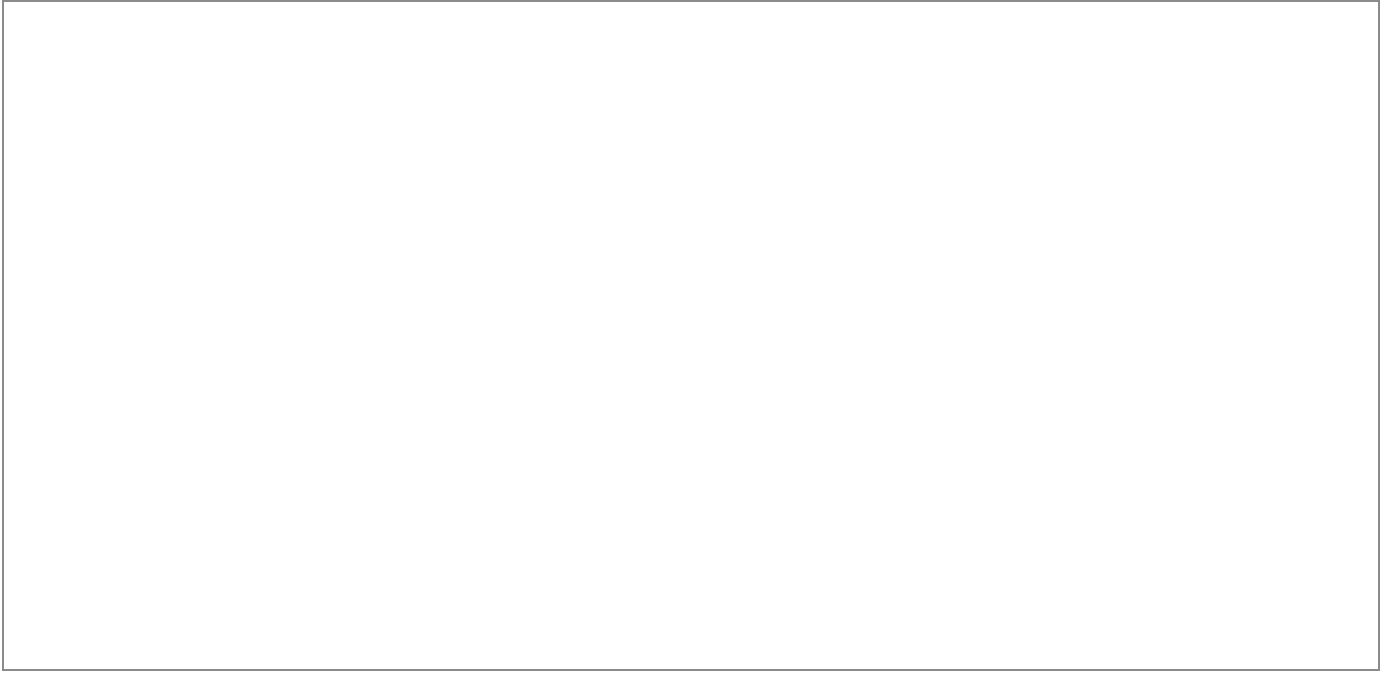
<b>Site Inspection</b>		
<b>Sign sizes as prescribed?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no provide details and rectify signs</i>		
Comments or details of action taken:		
<b>Signs are mounted level and suitably clear of travel lanes?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no provide details and rectify signs</i>		
Comments or details of action taken:		
<b>Has temporary delineation been applied as prescribed, with permanent markings obliterated?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no provide details of action required to rectify delineation</i>		
Comments or details of action taken:		
<b>Are registered trailers i.e. VMS / light towers; suitably clear of travel lanes and delineated?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no provide details and rectify location</i>		
Comments or details of action taken:		
<b>Are temporary speed zones operating as prescribed?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no provide details and discuss with work supervisor</i>		
Comments or details of action taken:		
<b>Are PTCD positioned as prescribed in TGS?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no provide details of action required to rectify</i>		
Comments or details of action taken:		

<b>Site Inspection</b>		
<b>Are manual traffic controllers clear of travel lane, have suitable escape route?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no provide details of action required to rectify</i>		
Comments or details of action taken:		
<b>Are site accesses and egresses well defined and safe for work vehicles?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no provide details of action required to rectify</i>		
Comments or details of action taken:		
<b>Termination signs are suitably located? i.e. D downstream of last activity.</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no provide details of action required to rectify</i>		
Comments or details of action taken:		



<b>Post site inspection confirmation</b>	
<b>Is worksite layout operating safely as intended?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no provide details and implement controls to rectify</i>	
Comments or details of action taken:	
<b>Has TMP identified and addressed key TTM risks?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no provide details and implement controls to rectify</i>	
Comments or details of action taken:	
<b>Have key TTM risks been addressed on site?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no provide details of additional hazards and controls required</i>	
Comments or details of action taken:	
<b>Have copies of Shift Inspections been sighted as completed as required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>If no provide details and discuss with nominated rep completing Shift Inspections</i>	
Comments or details of action taken:	

Additional comments:



## E.4 Shift / Daily TTM inspection checklist

Shift Inspections must be undertaken by a person holding the PWZTMP or ITCP qualification when a TGS is installed, changed or updated, to ensure the TGS is implemented as designed. This includes at a minimum, twice per shift (recommended every 2 hours). This form can also be used for inspecting 'Aftercare' arrangements.

Completed by:					
Name:		Signature:			
TMP Reference:		TGS Reference:			
Date:		Time/s	Inspection 1	Inspection 2	Inspection 3
			00-00	00-00	00-00
Drive through TGS inspection			Inspection 1	Inspection 2	Inspection 3
Have any adjustments been made to the approved TGS?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide details:	Are changes within tolerances? <i>If no, TGS must be reviewed by a PWZTMP</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have changes been approved? <i>If no, TGS must be approved</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments or details of action taken:					
Have all signs and devices been installed in accordance with approved TGS? <i>If no, provide detail of action taken</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments or details of action taken:					

<b>Drive through TGS inspection</b>		<i>Inspection 1</i>	<i>Inspection 2</i>	<i>Inspection 3</i>
<b>Are PTCs positioned as prescribed in TGS?</b> <i>If no, provide detail of action taken</i>		<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A
Comments or details of action taken:				
<b>Are manual traffic controllers clear of travel lane, have suitable escape route?</b> <i>If no, provide detail and reposition manual traffic controllers</i>		<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A
Comments or details of action taken:				
<b>Are sign and devices in good condition, clearly visible to road users?</b> <i>If no, provide detail of action taken</i>		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
Comments or details of action taken:				
<b>Are all signs mounted level and suitably clear of travel lanes?</b> <i>If no, provide detail of action taken</i>		<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No	<input type="checkbox"/> Yes  <input type="checkbox"/> No
Comments or details of action taken:				
<b>Are conflicting or non-applicable signs covered or removed?</b> <i>If no, provide detail and remove or cover signs</i>		<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A	<input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A
Comments or details of action taken:				

<b>Drive through TGS inspection</b>		<i>Inspection 1</i>	<i>Inspection 2</i>	<i>Inspection 3</i>
<b>Is temporary delineation installed as prescribed i.e. straight line forming taper?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>If no provide details and rectify delineation</i>		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Comments or details of action taken:				
<b>Have site conditions changed due to shade, park vehicles, glare etc.</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>If yes provide details and note if action is required</i>		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Comments or details of action taken:				
<b>Are registered trailers i.e. VMS / light towers; suitably clear of travel lanes and delineated?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>If no provide details and rectify location</i>		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
		<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Comments or details of action taken:				
<b>Are temporary speed zones operating as prescribed?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>If no provide details and discuss with work supervisor</i>		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
		<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Comments or details of action taken:				
<b>Are workers on foot / plant clearances been applied / observed?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>If no provide details and implement controls to rectify</i>		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
		<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
Comments or details of action taken:				

<b>Post drive through confirmation</b>		<i>Inspection 1</i>	<i>Inspection 2</i>	<i>Inspection 3</i>
<b>Is TGS valid for the site activity and operating safely as intended?</b> <i>If no provide details and implement controls to rectify</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments or details of action taken:				
<b>Is TGS is appropriate for the current traffic conditions?</b> <i>If no provide details and implement controls to rectify</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments or details of action taken:				
<b>Have potential hazards identified in TGS been addressed? i.e. end-of-queue management</b> <i>If no provide details of additional hazards and controls required</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments or details of action taken:				

Additional comments:

## E.5 Post completion inspection checklist

Completed by:			
Name:		Road name/Staging Plan number:	
Signature:		Date / time:	
ITCP or PWZTMP card number			
Drive through post completed inspection			
Item		Comments / Action	
Have all work activities been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has all plant and equipment been removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have all TTM signs and devices been removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has all TTM linemarking been obliterated?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have existing permanent speed limits been reinstated?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have all TTM site hazards been removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Desktop post completion inspection</b>		
Have all TGSs for completed tasks been retained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have all TMP required documents been placed in relevant folders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has TMP/TGS designer requested addition information post TTM removal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the road safe for opening to road users?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional comments:



## E.6 Portable variable message sign (VMS) location and placement checklist

<b>Proposed site location</b>	
<b>Road Details /Intersections /property numbers</b>	
<b>Purpose of the VMS</b>	
<b>Proposed period of use</b>	
<b>Is this integrated with TMC?</b>	

<b>Checklist details for VMS location</b>	<b>Yes, No or N/A</b>	<b>Comments/reasons for non-compliance</b>
<b>Planning</b>		
Will the location of the proposed VMS be in the road reserve?		
Will the proposed VMS be visible from a road or road related area?		
Is the proposed VMS being used as part of a major event?		
<b>Safety</b>		
Will the proposed location allow safe and easy access to the site for deployment of the portable VMS?		
Is the proposed site located near any utilities (overhead or underground)?		
Will the proposed site cause personnel to be unsafely exposed to traffic?		
Will traffic control be required to safely place or remove the portable VMS?		
Are there any other safety considerations at the proposed site? e.g. bore drains, culverts etc.		

Checklist details for VMS location	Yes, No or N/A	Comments/reasons for non-compliance
<b>Placement</b>		
Is the proposed location likely to affect or change the patterns of any vulnerable road user movements?		
Is the proposed location likely to affect or change the pattern of cyclist movements?		
Will the proposed location be outside of the clear zone requirements? (For more information on clear zones, refer <i>Austrroads Guide to Road Design Part 6: Roadside Design, Safety and Barriers</i> )		
Is the proposed location at least 300m from the nearest permanent VMS?		
Is the proposed location at least 200-300m from significant static signs?		
Is the proposed location at least 200-300m from any signalised intersections?		
Will the proposed location cause driver distraction?		
Is the proposed location a suitable distance from any speed zoning signage?		
Is the proposed location in the direct run off carriageway path of a vehicle?		
Will the proposed location affect any residential or commercial properties?		
Will the proposed location affect any accesses or legal rights of way?		
Is the proposed location within 200m of any intersection or merging lane?		

<b>Structures</b>		
Will the proposed location be behind guard rail?		
Will the proposed location be behind wire rope fence?		
Is the proposed location close to significant road side furniture?		

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