

# PLANNING AND PREPARATION CHECKLIST

Project Name: \_\_\_\_\_

Signer Name: \_\_\_\_\_

Road Name or #: \_\_\_\_\_

Signer Phone #: \_\_\_\_\_

Date From: \_\_\_\_\_ Date To: \_\_\_\_\_

Time From: \_\_\_\_\_ Time To: \_\_\_\_\_

Determine	Assess (checkmark and / or fill in)				
<b>Work Type</b>	<input type="checkbox"/> Const. / Maintenance	<input type="checkbox"/> Utility	<input type="checkbox"/> Mobile Operation	Comment:	
<b>Road Class</b>	<input type="checkbox"/> 100 Series	<input type="checkbox"/> Controlled Access	<input type="checkbox"/> Trunk Highway	<input type="checkbox"/> Route	<input type="checkbox"/> Street
<b>Road Configuration</b>	<input type="checkbox"/> Multi-lane	<input type="checkbox"/> Two-lane two-way	<input type="checkbox"/> One-way	<input type="checkbox"/> Intersection	<input type="checkbox"/> Divided
<b>Traffic Volume</b>	<input type="checkbox"/> High Volume	<input type="checkbox"/> Low Volume	_____ Count (vph)	Comment:	
<b>Time / Night, Day</b>	<input type="checkbox"/> Long Duration	<input type="checkbox"/> Short Duration	<input type="checkbox"/> Very Short Duration	<input type="checkbox"/> Night	<input type="checkbox"/> Day
<b>Encroachment</b>	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Partial Lane Closure	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Off Shoulder	Comment:
<b>Speed Zone</b>	<input type="checkbox"/> 90 - 110 km/h	<input type="checkbox"/> 80 km/h	<input type="checkbox"/> 60 - 70 km/h	<input type="checkbox"/> 50 km/h and under	<input type="checkbox"/> Temp. Reduction (approval)
<b>Sight Lines</b>	<input type="checkbox"/> For Signs Comment: _____ _____ _____	<input type="checkbox"/> For TCP Comment: _____ _____ _____	<input type="checkbox"/> For Tapers Comment: _____ _____ _____	<input type="checkbox"/> For FLUs Comment: _____ _____ _____	Other comments: _____ _____ _____
<b>People Impacts</b>	<input type="checkbox"/> Emergency Services Comment: _____ _____ _____	<input type="checkbox"/> Pedestrians Comment: _____ _____ _____	<input type="checkbox"/> School Children Comment: _____ _____ _____	<input type="checkbox"/> Businesses Comment: _____ _____ _____	<input type="checkbox"/> Property Owners Comment: _____ _____ _____
<b>Other</b>	_____ Work Area Length	_____ Buffer Area Length	<input type="checkbox"/> TCP Escape Route	<input type="checkbox"/> Weather	<input type="checkbox"/> Existing Signs and Controls
<b>Other</b>	<input type="checkbox"/> Wires, Cables, Pipes	<input type="checkbox"/> Accident History	<input type="checkbox"/> Lighting	<input type="checkbox"/> Hills & Curves	<input type="checkbox"/> Bridge/ Barrier Restriction
<b>Other (Describe)</b>	<input type="checkbox"/> Excavation	<input type="checkbox"/> Intersections / Railways	_____	_____	_____

## Sketch

Determine	Plan (checkmark or fill in)				
<b>Manual References</b>	Application Guide #: _____	Sign Procedure #: _____	Delineator Procedure #: _____	<input type="checkbox"/> Custom Drawing (See attached)	<input type="checkbox"/> Custom Rules (See attached)
<b>Quantity and Type of Signs</b> (Check standards)	____TC- ____TC- ____TC- ____TC-	____TC- ____TC- ____TC- ____TC-	____TC- ____TC- ____TC- ____TC-	____RB- ____RB- ____RB- ____RB-	____Other: ____Other: ____Other: ____Other:
<b>Number of Devices</b> (Check standards)	____F-shape Barriers	____Barricades, TC- ____Barricades, TC-	____FLUs	____Drums	____Cones (or High Delineators)
<b>Human Resources</b>	____Labour	____Traffic Control Persons <input type="checkbox"/> Hardhat <input type="checkbox"/> Footwear <input type="checkbox"/> Paddle <input type="checkbox"/> Pen / pencil <input type="checkbox"/> Certificate <input type="checkbox"/> Notepad  <input type="checkbox"/> Class 3 Safety Apparel <input type="checkbox"/> Signer's name & phone #	____Vehicle drivers	____Other	
<b>Vehicle Numbers</b> (Check standards)	____Protection	____TMA	____Service	____Trail	____Other
<b>Assessment Solutions</b>	<input type="checkbox"/> Every Item Identified in the Assessment Section of the Checklist has a corresponding solution. Solutions provide for the communication of work impacts and the safety of workers, public road users, and pedestrians (including school children.)				
<b>Other</b> (Describe)					

Do	Act (checkmark or fill in)
<b>Communications</b>	<input type="checkbox"/> Conduct a toolbox talk to communicate everyone's responsibilities.
<b>Execute</b>	<input type="checkbox"/> Execute the plan.
<b>Comments / Other</b>	

Do	Review (or Assess again, Plan, Act again) (Checkmark and fill in)				
<b>Review</b>	<input type="checkbox"/> Conduct an on-site review (date, time, action): _____ _____	<input type="checkbox"/> Conduct an on-site review (date, time, action): _____ _____	<input type="checkbox"/> Conduct an on-site review (date, time, action): _____ _____	<input type="checkbox"/> Conduct an on-site review (date, time, action): _____ _____	<input type="checkbox"/> Conduct an on-site review (date, time, action): _____ _____
<b>Review</b>	<input type="checkbox"/> Conduct an on-site review (date, time, action): _____ _____	<input type="checkbox"/> Conduct an on-site review (date, time, action): _____ _____	<input type="checkbox"/> Conduct an on-site review (date, time, action): _____ _____	<input type="checkbox"/> Conduct an on-site review (date, time, action): _____ _____	<input type="checkbox"/> Conduct an on-site review (date, time, action): _____ _____

Notes: \_\_\_\_\_

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Signers Signature: \_\_\_\_\_