

WORKSITE TRAFFIC MANAGEMENT AUDIT



Government of Samoa

PROJECT / Location :
 DATE :
 TIME :
 HIGHWAY / CHAINAGE :
 CONTRACTOR :
 SUPERVISOR :
 TYPE OF WORK :
 CONTRACT NO. :

GENERAL

Copy of AS 1743.2 (1996) and/or Code of Practice on site
 Is the site a safe worksite?
 Is layout available & recorded in diary or similar ?
 Traffic Vests worn properly (fastened) - No Jacket=0
 Condition of vests (Good=6, Fair=3, Poor=0)
 Is there 1.2m clearance for the Protection of Workers ?
 Traffic Control Centre contacted for long term lane closures
 Is Signing as per the submitted Traffic Management Plan

COMPLY	ACT	POSS
N	0	5
NA	0	0
N	0	5
Y	5	5
POOR	0	6
N	0	5
N	0	5
NA	0	0
SUB TOTAL	5	31

COMMENTS / FINDINGS

GENERAL

Does message clearly suit site conditions
 Sequence correct (ie advance, condition, personnel, guidance)
 Spacings per Code or appropriate for complex situations

Condition of Signs:

Legible
 Clean
 Reflective
 Fluorescent
 Level
 Current Type

Condition of Supports:

Straight
 Stable
 Appropriate

Cab Assembly Satisfactory & Operating

COMPLY	ACT	POSS
Y	3	3
Y	3	3
Y	3	3
Y	3	3
Y	3	3
Y	2	2
Y	2	2
Y	2	2
Y	5	5
Y	2	2
Y	2	2
Y	3	3
Y	2	2
SUB TOTAL	35	35

COMMENTS / FINDINGS

SPEED LIMITS

- Records of installation & removal times & locations
- Memorandum of Consent (validate)
- Start signs
- Buffer Zone, 400 - 500 meters between 80 & 60 km/h signs.
- Repeaters for every 30 seconds of travel time
- Speed signs on both sides of road
- Message the same on both sides
- End Speed Limit
- Is speed appropriate to the conditions imposed on traffic ?

COMPLY	ACT	POSS
NA	0	0
NA	0	0
NA	0	0
NA	0	0
NA	0	0
NA	0	0
NA	0	0
NA	0	0
NA	0	0

SUB TOTAL	0	0

COMMENTS / FINDINGS

IMPLEMENTATION

- Is sight distance appropriate to approach speed ?
- Surface condition signs displayed, in correct location ?
- Has the need of pedestrians been considered ?
- Have the needs of cyclists been considered ?
- Is there adequate worker safety (1.2m)
- Are safety barriers required ?**
- Are safety barriers installed correctly ?
- End treatment appropriate ?
- Are units properly installed ?
- Other Requirements**
- Has access to adjoining properties been provided ?
- Are side roads appropriately signed ?
- Is surface condition adequate
- Is linemarking satisfactory ?
- Is total detour route signed appropriately ?
- Are temporary hazard markers used appropriately ?
- Trailer mounted sign satisfactory ?
- Use of traffic cones satisfactory ?
- Condition of cones satisfactory (Good=6, Fair=3, Poor=0)
- Taper Length as per Code ?
- Has a night inspection been conducted ?
- Do lamps work ?
- Are delineators straight, clean and at correct height ?
- Do works provide a minimum of inconvenience for road user ?

COMPLY	ACT	POSS
Y	3	3
Y	5	5
Y	2	2
Y	2	2
Y	5	5
NA	0	0
N	0	10
Y	5	5
Y	5	5
Y	5	5
Y	4	4
Y	3	3
N	0	5
Y	2	2
Y	2	2
Y	2	2
FAIR	3	6
Y	5	5
Y	5	5
Y	3	3
Y	2	2
Y	5	5

SUB TOTAL	68	86
------------------	-----------	-----------

COMMENTS / FINDINGS

TRAFFIC CONTROLLERS

- Are T/C's trained ?
- Safety Vest (fastened) and in good condition
- Is number in use appropriate
- Distance from Worksite greater than 30m
- Position re: travelled path
- Condition of STOP/SLOW bat (Good=6, Fair=3, Poor=0)
- Use of STOP/SLOW bat (Good=6, Fair=3, Poor=0)
- Bearing and attitude
- Safety - Escape Path
- Use of two way radio
- Break from duty after two hours (validate)
- Symbolic Worker sign in place
- Prepare to Stop = 1.5 x speed in meters, eg 60km/h = 90m

COMPLY	ACT	POSS
Y	10	10
Y	6	6
Y	5	5
Y	5	5
Y	3	3
GOOD	6	6
GOOD	6	6
Y	3	3
Y	5	5
Y	5	5
Y	.	.
Y	3	3
Y	3	3

SUB TOTAL	60	60
------------------	-----------	-----------

COMMENTS / FINDINGS

PORTABLE TRAFFIC SIGNALS

- Signed Memorandum of Consent to use
- Symbolic Traffic Signal sign used
- Stop Here on Red Signal sign used
- If Stop line used, 6m from signals
- Stopping Distance @ 100km/h = 170m cars, 230m trucks
- Fixed time operation has been modified.

COMPLY	ACT	POSS
NA	0	0
NA	0	0
NA	0	0
NA	0	0
NA	0	0
NA	0	0

SUB TOTAL	0	0
------------------	----------	----------

SITE WTM AUDIT RATING

This Audit **168** **212**

Percentage Achieved **79.2%**

If available, previous rating

Change in Performance (+/-) **79.2%**

(If necessary) Corrective Action Taken

WTM Audit by:

Name:
Position:
Project / Department:

Signature:

Date:

Site Supervisor:

Name:

Signature:

Date:

Original: Site Supervisor
Copy: Auditor

Y	GOOD	
N	FAIR	
NA	POOR	
	NA	
	FAIR	3
	GOOD	6
	NA	0
	POOR	