Form C-25 *Revised 6/2010*

ALABAMA DEPARTMENT OF TRANSPORTATION
DAILY INSPECTION OF TRAFFIC CONTROL DEVICES

Sheet ___ of ___

Week Ending (Sat):	Day	Mon	Tue	Wed	Thu	Fri	Sat	Project Number:
	Date							
Contractor:	Time							County:
	Night Insp?							

TRAFFIC CONTROL DEVICE(S) and **LOCATION**	**TCD CONDITION** Check Mark (✓) denotes device properly maintained. "X" denotes devices *NOT* properly maintained.						**REMARKS** Must be completed for "X" condition to describe type of deficiency (sheeting damaged, flasher not working, etc.).	**DATE CORRECTED**

_____ Project Traffic Control Inspector

Reviewed by: _____ Project Manager