PRINT FORM

CS-901 (11-11)

pennsylvania
DEPARTMENT OF TRANSPORTATION

WORK ZONE TRAFFIC CONTROL COMPLIANCE CHECKLIST AND NOTIFICATION

Page: __________ of __________

Stage: ______________________________

Contract No: ______________________

Inspection (MONTH / DAY / YEAR)	Time Reviewed	Inspector
	______ ☐ AM ______ ☐ PM	

Delivered Hardcopy to Contractor?	Date Sent (MONTH / DAY / YEAR)	Time Sent	Check Box if WZLD* will be assessed	Recipient of Notification*
☐ Yes ☐ No		______ ☐ AM ______ ☐ PM	☐	

Traffic Control Devices	AM Deficiency		PM Deficiency		Comments	Date/Time Corrected
	YES	NO	YES	NO		
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*** Work Zone Liquidated Damages will be assessed as per Publication 408 Section 901.3(t).**