

TCSAP Field Review Checklist

DATE: _____

AGENCY/VENDOR: _____

EMPLOYEE(S): _____

BPR EMPLOYEE(S): _____

TMS ID: _____ **COUNT TYPE:** _____

COUNTY: _____ **SR/FED ID:** _____ **SEG:** _____

SAFETY	Yes	No	N/A	QUALITY ASSURANCE	Yes	No	N/A
Hard Hat				Vehicle Clear of Lane			
High Visibility Vest/Shirt				Adequate Sight Distance			
Sturdy Non-Athletic Footwear (Above Ankle)				Counters Labeled (Company Name/Phone Number)			
Durable Long Pants/Jeans				Accurate Count Location			
Gloves				Road Tube Secure			
Safety Glasses				Traffic Counter Secured			
Flashing/Revolving Light				Hazard Warning Lights			

COMMENTS: _____

SIGNATURES:

Agency/Vendor: _____

BPR: _____