

STATE OF ALASKA DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

ITEM 643(15) FLAGGING

Project Name:					
Project Number:				Date:	
Flagging Required:					
		Time			
Nama	Stort	Time *	1	Houre	Comments
Name	Start		End	Hours	Comments
					_
					_
*Indicate break					
		Tod	lay's Total		_
		Prev	rious Total		_
		Tot	tal to Date		
			.a. 10 2 a 10 _		-
Contractor's Representative				Inspector	
Calculated by/Date				Checke	ed by/Date