State of Alaska
Department of Transportation and Public Facilities

Traffic Control Signs and Devices Daily Report (Form 25D-103)

Project Name:

Project Number: **Date:**

Location (Beginning and ending station, left or right if applicable.)														
TCP Number														
Item	**Pay Unit**													**Total**
Construction. Signs	Day													
Type I Barricade	Day													
Type II Barricade	Day													
Traffic Cone	Day													
Tubular Marker	Day													
Plastic Safety Fence	LF													
Drum	Day													
Seq. Arrow Panel	Day													
Special Const. Signs	SF													
Port. Conc. Barrier	Each													
Temp. Crash Cush.	Each													
Int. Pave. Marking	Station													
Flagging	Hour													
Pilot Car	Hour													
Street Sweeping	Hour													
Watering	M-Gal.													
Lane Closure	Hour													
Detour	Day													
Road Closure	Day													
One Lane Road	Hour													
PCM Board Sign	Day													
Sidewalk Surfacing	SY													
Temp. Guardrail	LF													
Power Brooming	Hour													
													Total	

Oral or Written Directives:

Contractor's Representative **Date**	**Project Engineer's Representative** **Date**

Form 25D-103 (1/04 ge)