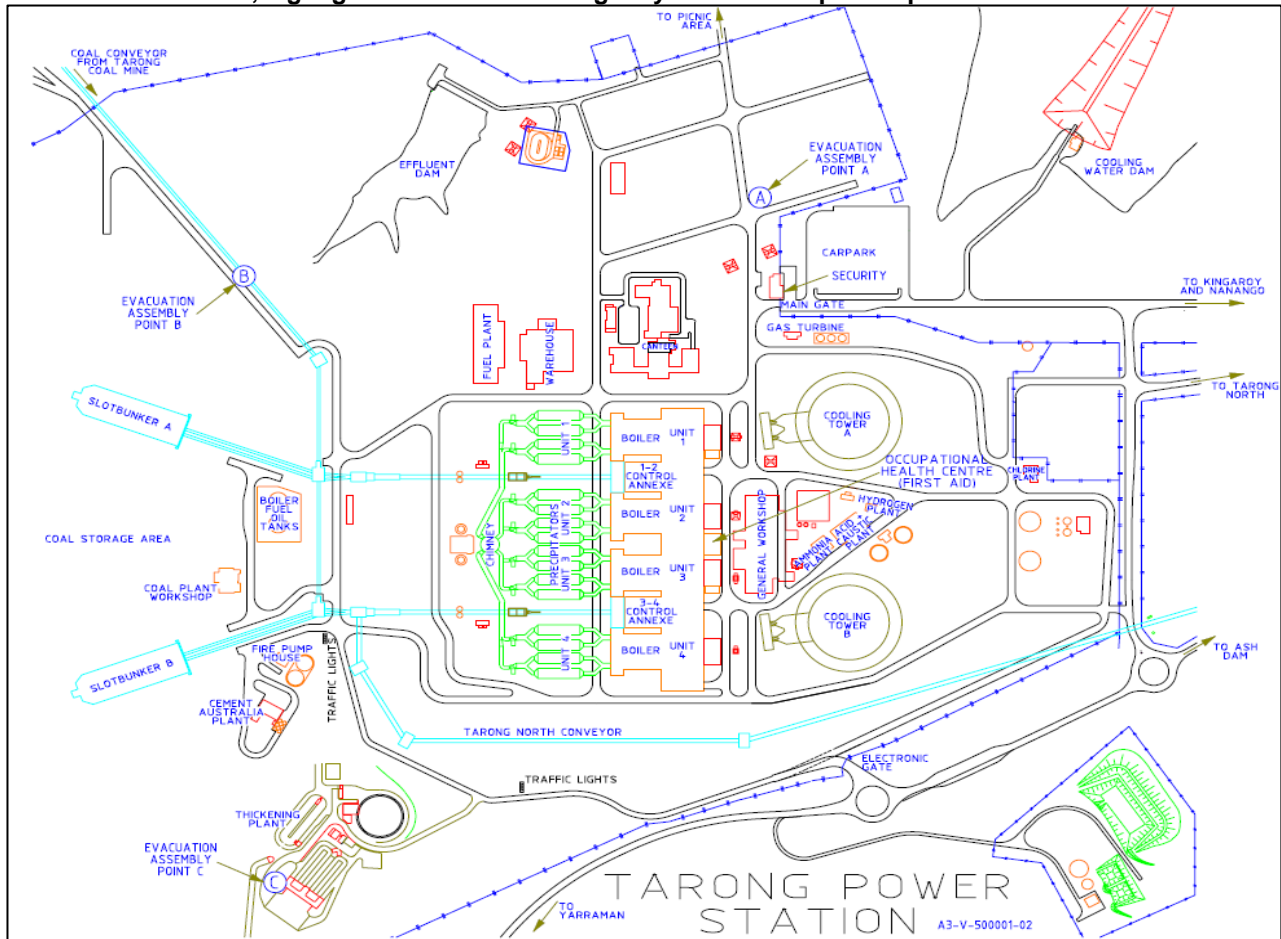




Specific Traffic Management Plan

Job Information			
Proposed date of job:	/ / to / /	Work order / project #	
Details of job:			
Supervisor:		Proposed time of traffic condition changes:	
Changed Traffic Conditions			

Indicate road blocks, signage and alternate emergency route on map once printed:





Requirements

Signage	Lighting	Traffic Control Device

Mandatory section

Has a JSEA been completed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has this Traffic Management Plan been communicated to work team?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has security and the Emergency Services & Security Officer been informed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has this Traffic Management Plan been communicated site-wide?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Controls / Considerations

Note: Adjacent workings etc.

Inspection Arrangements

Note: List person responsible, frequency, areas to inspect and what in particular to inspect. Inspection to be recorded in Inspection Log below.

Sign-off

Supervisor signature:		Date:	/ /
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Inspection Log