



# TRAFFIC CONTROL FACILITY DAMAGE REPORT

## PART I: INCIDENT INFORMATION TRAFFIC CONTROL LOOP INTERCONNECT CABLE

DATE	LOCATION
PROJECT PERMIT NO.	
DESCRIPTION OF DAMAGE AND CAUSE (Attach additional sheets if necessary)	
PHOTOS/VIDEO TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	

CONTRACTOR	CONTACT NAME	PHONE
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## PART II: POST INCIDENT JOB SITE MEETING

DATE	CONTRACTOR REPRESENTATIVE	TRAFFIC INSPECTOR
RESPONSIBLE PARTY	CONTACT NAME	PHONE

AGREED SCOPE OF REPAIRS

ESTIMATED COMPLETION DATE

- CONTRACTOR ACCEPTS RESPONSIBILITY AND WILL PERFORM THE WORK
- CONTRACTOR ACCEPTS RESPONSIBILITY AND AGREES TO REIMBURSE CITY FOR NECESSARY REPAIR COSTS

- CITY ACCEPTS RESPONSIBILITY AND WILL PERFORM THE WORK
- GRADING/OFFSITE INSPECTOR NAME

CONTRACTOR SIGNATURE

GRADING/OFFSITE INSPECTOR SIGNATURE

## PART III: ACCEPTANCE

- CONTRACTOR HAS SATISFACTORILY COMPLETED THE WORK

- REIMBURSEMENT FOR WORK PERFORMED BY CITY CONTRACTOR HAS BEEN VERIFIED

GRADING/OFFSITE  TRAFFIC INSPECTOR SIGNATURE

DATE