

ROADS, SIGNS AND WALKWAYS

HAZARD REPORT	
Prepared By:	Date: Time:
Location:	Controlling Authority:
Description of Hazard:	
Likelihood of Harm:	
Recommended Corrective Action:	
Temporary Controls Used:	
Follow-Up Action Taken:	
Reported to Controlling Authority	Date: / / 201 Time:
Supervisor:	Signature:

ROADWAYS, SIGNS AND WALKWAYS CHECKLIST

Recommended frequency twice per year

ROADS

Date of Survey: ____/____/201__

	OK	If Not OK Describe	Recommendations
Surface			
Lines			
Cross Walks			
Medians			
Are road surfaces slippery due to weather			
Is construction affecting Traffic			

SIGNS

	OK	If Not OK Describe	Recommendations
Condition			
Visibility			
Temporary Signage			
Height			
Color			
Emergency Signs			
Warning Signs			
Are Flagmen needed			

WALK WAYS AND BIKE PATHS

	OK	If Not OK Describe	Recommendations
Side Walks			
Entrances			
Steps			
Lighting			
Utility boxes			
Curbs			
Signage			
Emergency Equipment			
Aisles			

Person completing survey: _____