

# Daily Traffic Item Ticket (Equipment)

Date:	Group:	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Night
Day: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		

Contract No.:	Project Name:
Contractor:	Subcontractor:

**Item No.  Operation of Portable Changeable Message Sign**

Portable Changeable Message Sign	Hours of Operation	Location	Hours
<b>Total</b>			

**Item No.  Sequential Arrow Sign**

Sequential Arrow Sign	Hours of Operation	Location	Hours
<b>Total</b>			

**Item No.  Operation of Transportable Attenuator**

Transportable Attenuator	Hours of Operation	Location	Hours
<b>Total</b>			

WSDOT Inspector	Contractor
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**Note: When working nights, list both dates and mark both days.**