

TCS Daily Log

Right of Way Permits

City of Tukwila - Permit Center
 6300 Southcenter Blvd, Suite 100,
 Tukwila, WA 98188
www.tukwilawa.gov/departments/permit-center/



PART 1 – PROJECT DETAILS

Date:		Permit #:	
Project Address / Location:			
Contractor Name:			
TCS Name:			
TCS Cert #:		24-Hr Phone:	
Shift Start:		Shift End:	

PART 2 – TIER 3 TRIGGERS

Check all that apply. Why is a TCS required on-site today?

<input type="checkbox"/> Speed ≥ 40 MPH (High Speed Roadway) <input type="checkbox"/> Signalized Intersection (Work within 300 ft) <input type="checkbox"/> Night Work (Sunset to Sunrise)	<input type="checkbox"/> Pedestrians in Roadway (Protected Path Required) <input type="checkbox"/> Centerline Crossing / Traffic Shift
--	---

PART 3 – HOURLY SAFETY INSPECTION LOG

Inspect the entire work zone at least once per hour. Initial each row to verify compliance. Note adjustments in Part 4.

Time	Signs OK?	Tapers OK?	Peds OK?	Signals OK?	Init.		Time	Signs OK?	Tapers OK?	Peds OK?	Signals OK?	Init.
00:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			12:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
01:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			13:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
02:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			14:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
03:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			15:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
04:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			16:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
05:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			17:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
06:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			18:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
07:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			19:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
08:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			20:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
09:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			21:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			22:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			23:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PART 4 – MODIFICATIONS & INCIDENTS

Document any changes to the approved plan, accidents, near-misses, or corrective actions taken. Add sheets if necessary.

Time	Description of Issue / Change / Incident	Corrective Action Taken

PART 5 – CERTIFICATION

I certify that I was physically present on-site during active work hours and that the traffic control setup was maintained in accordance with the approved Traffic Control Plan and MUTCD standards.

• TCS Signature: _____ Date: _____