

TRAFFIC MANAGEMENT PLAN FORM

Organisation	Contractor		Client	
Contract Name/Number				
Location	Road Name(s)	Road Level (1,2,3)	Speed Limit	From RP
				From RP
Description of Activity				
Work Programme				
Proposed/Restricted Work Hours				
Traffic Details (Main Route)	AADT		Peak Hour Flow	
Proposed Traffic Management Method	Active			
	Unattended			
	Night			

Proposed Speed Restrictions		
Positive Traffic Management Measures		
Contingency Plans		
Public Notification		
Personal Safety		
On-Site Monitoring		
Other Information		
Layout Diagrams		
Traffic Controllers <i>(Include a Copy of Training Certificate or Warrant)</i>	Name (STMS)	Phone (24 hours)
	Name (TC)	Phone
Prepared By	Contractor	Date
Approved/Requires Amendment	Engineer	Date