

# Temporary Traffic Control Plan Approval Form

This form is for documenting the approval of temporary traffic control plans. The form is to be completed by the project manager (PM)/field construction manager (FCM)/service manager (SM)/point of contact (POC) responsible for the project, who attaches the plan to this form. The completed form is to be kept on the job site, with one copy kept by SLAC Site Security and one forwarded to the Building Inspection Office (BIO). (See [Traffic and Vehicular Safety: Temporary Traffic Control Plan Procedure](#) [SLAC-I-720-0A21C-004].)

## 1 Project Information

Building number/project location			
Project name			
BIO authorization number (if applicable)		Requisition/service request number	
Company			
Contact name		Phone number	
SLAC PM/FCM/SM/POC name		Cell phone number	
SLAC Health and Safety Services rep name		Cell phone number	
Description of portion of work for which this traffic safety plan is issued			
<b>For implementation</b>			
Beginning time/date		Completion time/date	
Date of presentation at Plan of the Week meeting			
Date posting to appear in SLAC Today (SLAC Site Security to complete)			

## 2 Approvals

SLAC PM/FCM/SM/POC name		Signature		Date	
SLAC Health and Safety Services rep name		Signature		Date	
SLAC fire marshal name		Signature		Date	
SLAC Site Security name		Signature		Date	

Notes/conditions of approval <input type="checkbox"/> SLAC Health and Safety Services rep <input type="checkbox"/> SLAC fire marshal <input type="checkbox"/> SLAC Site Security	
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