



# TRAFFIC TROOPERS, INC.

LET SAFETY LEAD THE WAY

Officer: (678) 902-4711

Email: tti470210@gmail.com

## DAILY TIME SHEET

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DAY: Sun Mon Tues Wed Thurs Fri Sat

<b>OFFICER</b>  CAR# _____ COUNTY _____  Print Name: _____  Signature: _____  PHONE/CELL#: _____	<b><u>SAFETY BRIEFING</u></b>  <input type="checkbox"/> Equipment Check <input type="checkbox"/> Proper Uniform <b>COMMUNICATION</b> <input type="checkbox"/> Customer and Coworkers <input type="checkbox"/> Walkie Talkies <input type="checkbox"/> Flagger Stations <input type="checkbox"/> Visibility <input type="checkbox"/> TA10/TA33 DOT setup planning
--	---

## **FILL OUT BY CUSTOMER**

<b>JOB NAME/ADDRESS:</b> _____		
<b>JOB #:</b> _____	<b>DEPT#:</b> _____	
<b>Job-Site Authorized Person:</b> _____		
<b>Authorized Signature:</b> _____		<b>Contact Number:</b> _____
<b>START TIME</b> _____	<b>END TIME</b> _____	<b>TOTAL HOURS</b> _____
<b>MILEAGE: START</b> _____ <b>END</b> _____		
<b><u>TOTAL DRIVING HOURS</u></b>		
<b>TO:</b> _____	<b>FROM:</b> _____	<b>TOTAL:</b> _____

## **ADDITIONAL COMMENTS**

---

---

---

---