ARIZONA DEPARTMENT OF TRANSPORTATION
DAILY RECAP OF CIVILIAN FLAGGERS

Org. No.: _____
Tracs No.: _____
Project No.: _____
Date: _____
Day of the Week: _____

Pay Item No.: _____

Name	Company	Certification No.	Work Activity	Location	Start Time	Stop Time	Hours Worked

REMARKS: _____

ADOT REPRESENTATIVE: _____

NOTE: Verify Method of Measurement and Basis of Payment in Special Provisions and/or Standard Specifications
Copies of all Flagger Certifications required for project file
If Federal-Aid, verify flagger hours against Certified Payrolls