

Work Zone Report Card



Name _____

District _____ Location _____

County _____ Weather _____

Route _____ Date/Time _____

- | | |
|---|---------------|
| 1. Did you have enough advance warning of this work zone? | Yes / No |
| 2. If present, did the flagger communicate with you clearly? | Yes / No / NA |
| 3. Were the signs easy to understand? | Yes / No |
| 4. If present, did the cones and barrels guide you through the work zone? | Yes / No / NA |
| 5. Did the work zone look neat, clean, and organized? | Yes / No |
| 6. Did you feel comfortable driving at the posted speed limit? | Yes / No |
| 7. Were you delayed more than is reasonable in this work zone? | Yes / No |
| 8. What is your overall grade for this work zone? | A B C D F |

Additional Comments:

Send completed form to:
Central Office Traffic Division
Fax: 573.526.4868
Email: smithd2

For Immediate Concerns:	
D1	816.387.2350
D2	660.385.3176
D3	573.248.2490
D4	816.622.6500
D5	573.751.3322
D6	314.340.4100
D7	417.629.3300
D8	417.895.7600
D9	417.469.3134
D10	573.472.5333

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