|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ON-SITE RECORD MOBILE OPERATIONS (*On-site record must be completed and retained with the applied TMP for 12 months)* | | | | | **Today’s date** |  | |
| STMS in charge of TTM | | | | | | | |
|  |  |  |  |  | | |  |
| *Name* | *NZTA warrant* | *TTM ID Number* | *NZTA warrant expiry date* | *STMS signature* | | | *Time* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| In charge STMS pre-start check | | | | | | |
| Mandatory Items to be checked as fit for purpose | High-visibility garments are fit for purpose, in an acceptable condition and worn correctly? | Vehicle Xenon (or LED)/Beacons are fit for purpose? | LAS/RD6/AWVMS/VMS/Horizontal arrow boards are fit for purpose? | TMAs are fit for purpose | Two-way radios available, operating OK and batteries are fully charged | Correct signs for work operation are fitted to all vehicles and are fit for purpose |
|  |  |  |  |  |  |
| Time the check was completed: |  | In charge STMS signature: |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Operation record *(To be completed for all inspection worksites/runs, mobile runs, semi-static sites)* | | | | |
| Affected Road Environment Details | | | Work Activity Timing | |
| Affected Road name(s) | Worksite start point | Worksite end point | Start | End |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Checks *(must be completed and documented at least every 30 minutes)* | | | | | | | | |
| Mobile closure | | | | | | | | |
| Time | Distances between vehicles maintained | | Lateral positioning of vehicles maintained | LAS/RD6/AWVMS/VMS/Horizontal arrowboards continue to operate correctly | Road clear and available for planned work? | Static equipment maintained? | Safety zones maintained? | Working space adequate and maintained? |
|  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |
| Comments relating to any changes and or improvements to the approved TTM/TMP | | | | | | | | |
| Time of comment | | Detail | | | | | | |
|  | |  | | | | | | |
|  | |  | | | | | | |
|  | |  | | | | | | |
|  | |  | | | | | | |
|  | |  | | | | | | |
|  | |  | | | | | | |
|  | |  | | | | | | |