

EVALUATION FORM FOR WORK ZONE TRIAL DEVICES

Alberta Transportation would like to seek feedback on work zone trial devices. When Project Sponsors choose to use a work zone trial device, its effects should be evaluated by the Project Consultant at the end of the project using this form. The feedback provided will be taken into consideration and may result in changes to the existing standards prior to giving the trial device full approval.

GENERAL

Trial Device _____ Contract # _____
 Consultant _____
 Contractor _____

PROJECT BACKGROUND

Location

Highway (include start and end boundaries of work zone) _____

Traffic Volume _____ Gazetted Speed _____

Check all that apply: Rural Urban Divided Undivided

Work Zone Characteristics

Project Type _____

Length of Project (km) _____ Project Duration (days) _____

Work Zone Speed Limit _____

Check all that apply: Stationary Mobile Nighttime work Daytime Work

TRIAL DEVICE EVALUATION

Device Usage: In place throughout project
 Daytime during project, remove at the end of the day
 Nighttime during project, removing in the morning
 Only when workers are present
 Other: _____

Describe the placement of the device (location, spacing, ease of install and removal, etc).

What was the observed effect of the device on motorists?

Would you recommend this trial device for use in future projects? If so, is the criteria defined in the relevant Work Zone Bulletin appropriate? Please provide any recommendations for changes to the Work Zone Bulletin here.