



Train. Protect. Prevent.

WORK ZONE TRAFFIC SAFETY

According to The National Work Zone Safety Information Clearinghouse during 2012 there were 39 work zone fatalities in Ohio, Kentucky, and Indiana combined. Employees being struck by vehicles or mobile equipment lead to numerous work zone fatalities or injuries each year. Work zones need traffic controls identified by signs, cones, barrels and barriers to remain safe.

It's important that drivers, employees on foot, and pedestrians be able to see and understand the proper routes. Project managers for construction determine the traffic control plans within construction and demolition jobsites.



Example Traffic Control Plans:

- Traffic control devises, signals, and message boards to instruct drivers to follow paths away from where work is being done
- Approved traffic control devises such as cones, barricades, barrels, and posts inside work zones
- Work Zone protections include various concrete, water, sand, collapsible barriers, crash cushions, and truck mounted attention boards can help limit motorists intrusions into construction work zones.
- Flaggers should wear high visibility clothing with a fluorescent background and made of retroreflective material. This makes employees visible for at least 1,000 feet in any direction. Check the label or packaging to ensure that the garments are performance class 2 or 3. Drivers should be warned with signs that there will be flaggers ahead. Flaggers should use STOP/SLOW paddles, paddles with lights, or flags (only in emergencies).
- Flagger stations should be illuminated. Lighting for employees on foot and for equipment operators should be at least 5 foot-candles or greater. Where available lighting is not sufficient, flares or chemical lighting should be used. Glare should be controlled or eliminated.
- Seat belts and rollover protection should be used on equipment and vehicles as the manufacturer recommends.

Work Site Review: Hazards/Safety Suggestions

Company Name: _____

Work Site Location: _____

Date: _____ Start Time: _____ Finish Time: _____

Foreman/Supervisor: _____

Employee Signatures: (continue on back of sheet if necessary)

(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness)

Manager/Supervisor's Signature: _____

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