

Traffic Signal #: _____

Today's Date: ___ / ___ / ___

City or Town: _____

Major Road: _____

Minor Road(s): _____

Reason for Investigation (*circle*):

- Complaint (Customer, Public Official)
- RIDOT Study or Project
- Other: _____

CONTROLLER: Make: _____ Serial #: _____ Date OK? _____
 Model #: _____ Firmware: _____ Clock OK? _____
 D.S.T. OK? _____

Phase 1 _____ Phase 2 _____ Phase 3 _____ Phase 4 _____
 Phase 5 _____ Phase 6 _____ Phase 7 _____ Phase 8 _____
 Phase _____ Phase _____ Phase _____ Phase _____

BASIC TIMINGS:

Phase	1	2	3	4	5	6	7	8
Min Green								
Passage								
Max Green 1								
Max Green 2								
Yellow								
Red								
Ped. Walk								
Ped. Clear								
Ped. Options? (Ext. Clear, LPI)								
Recall								
Memory (Non-Locking On/Off)								
Other:								

COORDINATION PARAMETERS:

Setup	Coordinated phase(s)								
Oper.	D/S/O	Offset	Cycle						
Mode									
Max.									
Corr.									
Offset									
Force Offs									

TIME OF DAY/WEEK/YEAR PLAN:

Weekdays		Weekends	
D/S/O, Max 2 or 3, etc.	Times	D/S/O, Max 2 or 3, etc.	Times

Comments: _____

These timings have been recorded or adjusted by: _____ Date: ___ / ___ / ___