



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

ITEM 643(15) FLAGGING

Project Name: _____

Project Number: _____ Date: _____

Flagging Required: _____

Name	Start	Time		Hours	Comments
		*	End		

*Indicate break

Today's Total _____

Previous Total _____

Total to Date _____

Contractor's Representative

Inspector

Calculated by/Date

Checked by/Date