

**STATE OF NEVADA
DEPARTMENT OF TRANSPORTATION
CONTRACTOR TRAFFIC LOG**

Report Number: _____

Date: _____

Contractor: _____

Contract No: _____

Location and Length of Closure (milepost or station): _____

Start	Stop	Total Delay	Remarks (required if delay exceeds specification requirements)

Flagger: _____
Signature

Reviewed by: _____
Resident Engineer