

AUTOMATED FLAGGER ASSISTANCE DEVICES DATA COLLECTION FORM

July 2007

Device Name, Model and Manufacturer: _____

Name, Residency and Phone Number: _____

Month and Year: _____

Date	Number of Hours in Use	Route	Location & ADT estimate	Activity	DESCRIBE experience, especially any incidents, problems, or equipment malfunctions. If a driver is stopped by the operator after going through the stop sign or signal, ask the driver what caused them to take this action. This is to determine what aspect of the AutoFlagger is confusing. Record each driver's response on this form.

Send the completed form to:
David.Rush@VDOT.Virginia.gov
 Virginia Department of Transportation
 1401 E. Broad St.
 Richmond, VA 23219
 (804) 371-6672 FAX (804) 225-2448