



MoDOT Work Zone Customer Survey

Name (optional) _____ District (optional) _____

Road or Highway Name and Direction _____ County _____

Nearest Intersection _____

Date: _____ Time _____ am/pm

1. Did you have enough warning before entering this work zone? Yes or No
2. Were the signs and/or traffic signals easy to see? Yes or No
3. Did the signs provide clear instructions? Yes or No
4. Did you understand the flagger's directions? Yes or No / No Flagger
5. Did the cones, barrels, or striping guide you through the work zone? Yes or No / None Present
6. Was the posted speed limit appropriate for the work zone activity? Yes or No
7. Did you make it through the work zone in a timely manner?
If "No", please provide the reason for the rating. Yes or No
8. Did the work zone look neat, clean, and organized? Yes or No
9. Were you able to travel safely in the work zone?
If "No", please provide the reason for the rating. Yes or No

Additional Comments:

Weather:	
Clear	<input type="checkbox"/>
Cloudy	<input type="checkbox"/>
Rain	<input type="checkbox"/>
Snow	<input type="checkbox"/>
Ice	<input type="checkbox"/>
Windy	<input type="checkbox"/>

For Immediate Concerns:
888 ASK MODOT (275-6636)

Please Send All Forms To:
MoDOT - Traffic Division
P.O. Box 270
Jefferson City, MO 65102
Fax: (573) 526-0120
Email: WZSurvey@modot.mo.gov

Vehicle:	
Car/Pickup	<input type="checkbox"/>
Recreational	<input type="checkbox"/>
Commercial	<input type="checkbox"/>