

_____ POLICE DEPARTMENT
Road Side Safety Checkpoint - Date _____

Location _____ Flagger(s) _____ Total # of Vehicles _____

1. START TIME _____ hours, FREQUENCY (Every _____ vehicle), STOP TIME _____ hours

NOTES _____

2. START TIME _____ hours, FREQUENCY (Every _____ vehicle), STOP TIME _____ hours

NOTES _____

3. START TIME _____ hours, FREQUENCY (Every _____ vehicle), STOP TIME _____ hours

NOTES _____

4. START TIME _____ hours, FREQUENCY (Every _____ vehicle), STOP TIME _____ hours

NOTES _____

5. START TIME _____ hours, FREQUENCY (Every _____ vehicle), STOP TIME _____ hours

NOTES _____

6. START TIME _____ hours, FREQUENCY (Every _____ vehicle), STOP TIME _____ hours

NOTES _____

7. START TIME _____ hours, FREQUENCY (Every _____ vehicle), STOP TIME _____ hours

NOTES _____

8. START TIME _____ hours, FREQUENCY (Every _____ vehicle), STOP TIME _____ hours

NOTES _____

9. START TIME _____ hours, FREQUENCY (Every _____ vehicle), STOP TIME _____ hours

NOTES _____

10. START TIME _____ hours, FREQUENCY (Every _____ vehicle), STOP TIME _____ hours

NOTES _____