






TRAFFIC COUNTING

Location : _____
 Name : _____
 Group : _____

From : _____
 Date/Day : _____
 Weather : _____

To : _____
 Start Hours : _____

CLASS	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	TOTAL	
 Car / taxi																						
 mpv / van / small lorry																						
 medium truck ≤ 3 axles																						
 Bus																						
 Motorcycle																						

CHECKED BY :

APPROVED BY :

