

Site Inspection Report

Site					
School		Address		School Times	AM PM WTS Yes No
Student Population	French Immersion Population	No. of Large Buses No. of Students on the Bus	No. of Small Buses No. of Students on the Bus		
School		Address		School Times	AM PM WTS Yes No
Student Population	French Immersion Population	No. of Large Buses No. of Students on the Bus	No. of Small Buses No. of Students Bussed		
Location: (Please identify the location with reference to nearest intersection. Indicate nearest school and address)					
Proximity to School		in front of		within	
Name of School		in front of		within feet/metres	
Accident History (during school times)		Yes <input type="checkbox"/> No <input type="checkbox"/>		Comments:	
Date of Inspection		Inspection Time AM PM		Requested By	
Prepared By		Request For			

Observers					
File Number RT.10		File Number RT.10		Ward	
Observed By		AM	PM	Observed By	

Site Conditions					
School Signs:	<input type="checkbox"/> School Area Signs	<input type="checkbox"/> School Crossing Signs	<input type="checkbox"/> Parking/Stopping Prohibition	<input type="checkbox"/> No U-turn Sign	
Posted Speed Limit:	<input type="checkbox"/> 30 km/hr	<input type="checkbox"/> 40 km/hr	<input type="checkbox"/> 50 km/hr	<input type="checkbox"/> 60 km/hr	<input type="checkbox"/> Other:
Visibility of Crossing Pedestrians:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	Comments:	
Sight Obstructions:	<input type="checkbox"/> Hedges	<input type="checkbox"/> Trees	<input type="checkbox"/> Fences	<input type="checkbox"/> Bus Shelter	
	<input type="checkbox"/> Newspaper Boxes	<input type="checkbox"/> Other (Specify):			
Road Grade:	<input type="checkbox"/> Flat	<input type="checkbox"/> Incline	<input type="checkbox"/> Decline		
Road Geometrics:	<input type="checkbox"/> Straight	<input type="checkbox"/> Curved	Comments:		
Road Width: Leg: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/>	Curb to Curb: feet/metres	No. of Bike Lanes	No. of Through Lanes	No. of Turning Lanes	
Road Width: Leg: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	Curb to Curb: feet/metres	No. of Bike Lanes	No. of Through Lanes	No. of Turning Lanes	
Road Conditions:	AM: <input type="checkbox"/> Dry <input type="checkbox"/> Wet	<input type="checkbox"/> Snow Covered	<input type="checkbox"/> Ice		
	PM: <input type="checkbox"/> Dry <input type="checkbox"/> Wet	<input type="checkbox"/> Snow Covered	<input type="checkbox"/> Ice		
Sidewalks:	<input type="checkbox"/> Not Present	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West
Route Survey:	<input type="checkbox"/> Shopping Area	<input type="checkbox"/> Construction	<input type="checkbox"/> Driveway	<input type="checkbox"/> Parked Vehicle(s)	
Within feet/metres	<input type="checkbox"/> Transit Bus Stop	<input type="checkbox"/> Underpass	Other (specify):		
Traffic Calming:	<input type="checkbox"/> Speed Bumps	<input type="checkbox"/> Speed Cameras	<input type="checkbox"/> Other		

Details

Weather Conditions: AM: <input type="checkbox"/> Dry <input type="checkbox"/> Sunny <input type="checkbox"/> Rain <input type="checkbox"/> Snow Temperature: Other:			
PM: <input type="checkbox"/> Dry <input type="checkbox"/> Sunny <input type="checkbox"/> Rain <input type="checkbox"/> Snow Temperature: Other:			
Type of Crossing:	<input type="checkbox"/> 4 Way Intersection	<input type="checkbox"/> 3 Way Intersection	<input type="checkbox"/> Midblock (i.e., not an intersection)
Type of Control:	<input type="checkbox"/> Traffic Lights	<input type="checkbox"/> Yield Signs	<input type="checkbox"/> Pedestrian Crossover <input type="checkbox"/> No Control
	<input type="checkbox"/> Stop Signs (Traffic is stopped on one street only)	<input type="checkbox"/> All Way Stop (Traffic is stopped in all directions)	

Crossing Guard Warrant Survey

Location:	
<input type="checkbox"/> Safe Gap Time	Safe Gap Time Calculation (if applicable): $\left(\frac{W}{3.5} + 4 \right) = \text{sec.}$
<input type="checkbox"/> Signalized Intersection Turning Traffic Count	

Morning Intervals

# of Peds	Time (AM)	Gaps Leg: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	# of Gaps
	<Drop downs>		

Afternoon Intervals

# of Peds	Time (PM)	Gaps Leg: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	# of Gaps
	<Drop downs>		

Observations

Volume of Traffic:									
AM: <input type="checkbox"/> Heavy <input type="checkbox"/> Intermittant <input type="checkbox"/> Light					PM: <input type="checkbox"/> Heavy <input type="checkbox"/> Intermittent <input type="checkbox"/> Light				
Number of Crossing Pedestrians:									
AM: North East South West					PM: North East South West				
Turning Traffic:									
AM: <input type="checkbox"/> Heavy <input type="checkbox"/> Intermittent <input type="checkbox"/> Light					PM: <input type="checkbox"/> Heavy <input type="checkbox"/> Intermittent <input type="checkbox"/> Light				

Traffic Behaviour (Comment or Recommendation Required)

AM:	<input type="checkbox"/> Illegal U-turn	<input type="checkbox"/> Running Red Light	<input type="checkbox"/> Speeding	<input type="checkbox"/> Stopping Non-Compliance	<input type="checkbox"/> Illegal Stopping	<input type="checkbox"/> Illegal Parking	<input type="checkbox"/> Other
PM:	<input type="checkbox"/> Illegal U-turn	<input type="checkbox"/> Running Red Light	<input type="checkbox"/> Speeding	<input type="checkbox"/> Stopping Non-Compliance	<input type="checkbox"/> Illegal Stopping	<input type="checkbox"/> Illegal Parking	<input type="checkbox"/> Other

Comments/Conflicts

Indicate the corresponding number(s) as well as additional comment(s):

Recommendations

Indicate the corresponding number(s) as well as location and/or school.

Morning Intervals

# of Peds	Time (AM)	Gaps Leg: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	# of Gaps
	<Drop downs>		

Afternoon Intervals

# of Peds	Time (PM)	Gaps Leg: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	# of Gaps
	<Drop downs>		