

# 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		Requested By	
		AM PM			
Prepared By		Request For			

Observers					
File Number <b>RT.10</b>		File Number <b>RT.10</b>		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		



**Observations**

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

**Traffic Behaviour** (Comment or Recommendation Required)

<b>AM:</b>	<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
<b>PM:</b>	<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.

