

Site Inspection Report

Site						
School #1		Address			School Times _____ AM _____ PM Walk to School <input type="checkbox"/> Yes <input type="checkbox"/> 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 #2		Address			School Times _____ AM _____ PM Walk to School <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____		
Location:						
Proximity to School		Name of School #1 _____ in front of		within _____ <input type="checkbox"/> feet <input type="checkbox"/> metres		
		Name of School #2 _____ in front of		within _____ <input type="checkbox"/> feet <input type="checkbox"/> metres		
Accident History (during school times)		Yes <input type="checkbox"/> No <input type="checkbox"/>		Comments:		
Date of Inspection		Inspection Time AM _____ to _____ PM _____ to _____		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/Street Name _____	Curb to Curb _____		No. of _____	No. of _____	No. of _____
Leg: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	<input type="checkbox"/> Feet <input type="checkbox"/> Metres		Bike Lanes	Through Lanes	Turning Lanes
Road Width/Street Name _____	Curb to Curb: _____		No. of _____	No. of _____	No. of _____
Leg: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	<input type="checkbox"/> Feet <input type="checkbox"/> Metres		Bike Lanes	Through Lanes	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 <input type="checkbox"/> Feet <input type="checkbox"/> Metres:	<input type="checkbox"/> Transit Bus Stop	<input type="checkbox"/> Underpass	<input type="checkbox"/> Other (specify) _____		
Traffic Calming:	<input type="checkbox"/> Speed Bumps	<input type="checkbox"/> Speed Cameras	<input type="checkbox"/> Crossover	<input type="checkbox"/> Other _____	

Details

Weather Conditions: **AM:** Dry Sunny Rain Snow Temperature _____ Other _____
PM: Dry Sunny Rain Snow Temperature _____ Other _____

Type of Crossing: 4 Way Intersection 3 Way Intersection Midblock (i.e., not an intersection)

Type of Control: Traffic Lights Yield Signs Pedestrian Crossover No Control
 Stop Signs (Traffic is stopped on one street only) All Way Stop (Traffic is stopped in all directions)

Crossing Guard Warrant Survey

Location: _____

Safe Gap Time Safe Gap Time Calculation (if applicable): $\left(\frac{W}{3.5} + 4 \right) =$ _____ seconds
 Signalized Intersection Turning Traffic Count (width figure measured in feet)

Morning Intervals

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

Afternoon Intervals

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

Observations

Volume of 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
Number of Crossing Pedestrians:	AM: Midblock _____ North East South West	PM: Midblock _____ 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.