

# Site Inspection Report

| Site  |                             |  |  |  |  |
|---|-----------------------------|--|--|--|--|
| School #1   |                             | Address  |  | School Times<br>_____ AM _____ PM<br>Walk to School <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Student Population  | French Immersion Population | No. of Large Buses _____<br>No. of Students on the Bus _____ | No. of Small Buses _____<br>No. of Students on the Bus _____ |  |  |
| School #2   |                             | Address  |  | School Times<br>_____ AM _____ PM<br>Walk to School <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Student Population  | French Immersion Population | No. of Large Buses _____<br>No. of Students on the Bus _____ | No. of Small Buses _____<br>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<br>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 _____<br>PM _____ to _____       |  | Requested By   |  |
| Prepared By   |                             | Request For  |  |  |  |

## Observers

|                             |                             |      |             |    |    |
|-----------------------------|-----------------------------|------|-------------|----|----|
| File Number<br><b>RT.10</b> | File Number<br><b>RT.10</b> | Ward |             |    |    |
| Observed By                 | AM                          | PM   | Observed By | AM | PM |
|                             |                             |      |             |    |    |
|                             |                             |      |             |    |    |
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## 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 _____<br>Leg: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Curb to Curb _____<br><input type="checkbox"/> Feet <input type="checkbox"/> Metres  | No. of Bike Lanes _____                                      | No. of Through Lanes _____   | No. of Turning Lanes _____  |
| Road Width/Street Name _____<br>Leg: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W | Curb to Curb: _____<br><input type="checkbox"/> Feet <input type="checkbox"/> Metres | No. of Bike Lanes _____                                      | No. of Through Lanes _____   | No. of Turning Lanes _____  |
| Road Conditions:   | AM: <input type="checkbox"/> Dry<br>PM: <input type="checkbox"/> Dry                 | <input type="checkbox"/> Wet<br><input type="checkbox"/> Wet | <input type="checkbox"/> Snow Covered<br><input type="checkbox"/> Snow Covered | <input type="checkbox"/> Ice<br><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 |
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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 |
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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.