

Site Inspection Report

Corporate Services
Office of the City Clerk



9.4

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)		Comments:			
Yes <input type="checkbox"/> No <input type="checkbox"/>					
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

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

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

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.