

Site Inspection Report

Corporate Services
Office of the City Clerk



9.5

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	AM	PM

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 _____ Leg: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	Curb to Curb _____ <input type="checkbox"/> Feet <input type="checkbox"/> Metres	No. of Bike Lanes _____	No. of Through Lanes _____	No. of Turning Lanes _____
Road Width/Street Name _____ Leg: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	Curb to Curb: _____ <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 <input type="checkbox"/> Wet PM: <input type="checkbox"/> Dry <input type="checkbox"/> Wet	<input type="checkbox"/> Snow Covered <input type="checkbox"/> Snow Covered	<input type="checkbox"/> Ice <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: <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 <input type="checkbox"/> Signalized Intersection Turning Traffic Count	Safe Gap Time Calculation (if applicable): $\left(\frac{W}{3.5} + 4 \right) =$ _____ seconds (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

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.