

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 Name of School #2 _____ in front of		within _____ <input type="checkbox"/> feet <input type="checkbox"/> metres within _____ <input type="checkbox"/> feet <input type="checkbox"/> metres	
Accident History (during school times)		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	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 _____				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

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.