

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 _____ 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 <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.