

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

Observations

Volume of Traffic:

AM:☐ Heavy☐ Intermittent☐ Light**PM:**☐ Heavy☐ Intermittent☐ Light

Number of Crossing Pedestrians:

AM: Midblock _____

North

East

South

West

PM: Midblock _____

North

East

South

West

Turning Traffic:

AM:☐ Heavy☐ Intermittent☐ Light**PM:**☐ Heavy☐ Intermittent☐ Light**Traffic Behaviour** (Comment or Recommendation Required)**AM:** ☐ Illegal U-turn ☐ Running Red Light ☐ Speeding ☐ Stopping Non-Compliance ☐ Illegal Stopping ☐ Illegal Parking ☐ Other _____**PM:** ☐ Illegal U-turn ☐ Running Red Light ☐ Speeding ☐ Stopping Non-Compliance ☐ Illegal Stopping ☐ Illegal Parking ☐ 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.