

# 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)		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 <b>RT.10</b>	File Number <b>RT.10</b>	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"/> Ice	<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  
☐ 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

**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 checked="" type="checkbox"/> W <input type="checkbox"/> Midblock	# of Gaps
	8:00 - 8:05	///,I	
	8:05 - 8:10	//,////,II	
	8:10 - 8:15	I,///,0	
	8:15 - 8:20	////,////	
	8:20 - 8:25	//,I,///,III	
	8:25 - 8:30	0,///,III	
	8:30 - 8:35	////,///,////	
	8:35 - 8:40	//,I,II	
	8:40 - 8:45	I,I	
	8:45 - 8:50	I,I	

**Afternoon Intervals**

# of Peds	Time (PM)	Gaps Leg: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input checked="" type="checkbox"/> W <input type="checkbox"/> Midblock	# of Gaps
I	3:00 - 3:05	I,II,I,I,0	
////	3:05 - 3:10	///,0,I,II	
	3:10 - 3:15	0,I,////	
	3:15 - 3:20	0,I,0,0	
I	3:20 - 3:25	I,////,0	
//P	3:25 - 3:30	II,I,////	
	3:30 - 3:35	///,0,II	
	3:35 - 3:40	////,0,I,II	

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.