

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 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 _____	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 _____	

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.