



## Safe Routes to School Program

### SCHOOL SITE AUDIT CHECKLIST

SCHOOL NAME: \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_

#### INSTRUCTIONS

The following site audit should be conducted to help determine walking and bicycling conditions on/adjacent to school property. This audit will help the school to discover potential areas for design improvements and increased safety. Members of the School SR2S Task Force, the School Principal, and a traffic engineer from the local jurisdiction should observe conditions during the drop-off and pick-up periods, and fill out the following audit form in order to see how students get to and from school. Audits should be conducted during periods of good weather if possible. Please take a map of school neighborhood with you on the audit for orientation and note taking. Aerial photo maps can be helpful for identifying specific detailed locations, and can be downloaded from internet sources such as Google Earth (<http://earth.google.com>). Please take digital photos of any identified problem areas to accompany your notes.

Audit Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

ADDITIONAL NOTES ABOUT AUDIT CONDITIONS:

1. Student Drop-Off and Pick-Up Areas

	YES	NO	N/A
a. Is an on-site parent drop-off/pick-up area provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If the drop-off/pick-up area is on-site, is this loading area separated from the rest of the school parking lot?			
c. If pick-up/drop-off occurs on-street, is a marked loading zone provided along the curb?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do drop-off/pick-up areas, either on-site or on-street, provide sufficient space for vehicles to line up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is a school staff person or other monitor present and visible during the drop-off/pick-up period to assist with loading/unloading?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Does morning drop-off traffic move in an orderly fashion without congestion and backup?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Does the afternoon pick-up line form in an orderly fashion, with vehicles waiting in designated areas, not double-parking, not blocking nearby residential driveways, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Are drop-off/pick-up areas situated so that students exiting or entering cars have a designated pathway to/from school buildings (e.g. do not walk between parked vehicles)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Does drop-off/pick up occur along a raised curb, so that pedestrians unload onto a sidewalk or walkway separate from vehicle traffic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Are there accessible curb ramps for wheelchair access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Are there posted vehicular signs (e.g. etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Is the area adequately lighted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Is there excessive idling of vehicles and buses while they wait to pick up children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Please describe additional problems within the student drop-off area in the space provided below. Remember to take photos.			

## 2. Bus Loading Zones

	YES	NO	N/A
a. Are bus driveways physically separated from pedestrian and bicycling routes by raised curbs or bollards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are bus driveways physically separated from parent pick-up/drop-off areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are measures taken for safety of students needing to cross in front or behind the bus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is traffic in the bus loading zone one-way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Does the bus zone meet the minimum or drop-off/pull-out lanes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is there a continuous curb and sidewalk adjacent to the drop-off/loading area leading into the school site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is the bus loading/unloading zone lighted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Please describe additional problem areas regarding the bus loading zone in the space provided below. Remember to take photos.			

### 3. Sidewalks and Bicycle Routes

	YES	NO	N/A
a. Are current pedestrian and bicycle routes separated from motor vehicles by the use of sidewalks or separated pathways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are the bicycle routes designated by signage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are marked bicycle lanes present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the bicycle lane network continuous and without gaps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are children wearing bicycle helmets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are sidewalks and bicycle paths regularly maintained (free of debris, cracks and holes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Are the sidewalks continuous and without gaps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Are there accessible ramps for wheelchair access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Do the ramps have tactile warning strips or textured concrete?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Are the sidewalks lighted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Are the sidewalks used regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Please describe additional problem areas regarding the space provided below. Remember to take photos.	walk system and existing bicycle routes in the		

4. Adjacent Intersections (intersections near school property)

	YES	NO	N/A
a. Are there high volumes of automobile traffic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are there high volumes of pedestrian traffic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are there painted crosswalks for all crossing directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are there curb ramps located at all adjacent intersections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is there appropriate vehicle signage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is there traffic control, such as a stoplight or stop signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Are there pedestrian walk signals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. For midblock crossing locations, are there adequate gaps in traffic to allow pedestrians to cross?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Are pedestrians crossing in marked crosswalks, or are they using unmarked locations or jaywalking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Please describe additional problem areas regarding these intersections in the space provided below. Please identify specific intersections, and any problems associated with each. Remember to take photos.			

5. Sight Distance (clear views between motorists and pedestrians)

	YES	NO	N/A
a. Are desirable sight distances (visibility is free of obstructions) provided at all intersections within the walking zone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do cars park or wait blocking the vision of other motorists, bicyclists and pedestrians?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have the placement of fences, walls, dumpsters and the location of parking areas for service vehicles been carefully considered in view of sight distance requirements on the school site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are there any barriers present that block the viewing of pedestrians and bicyclists (i.e. dumpsters, utility boxes, parking areas, ground mounted signage, building walls)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is landscaping and vegetation trimmed clear of sidewalks and pathways, and not obstructing sight distance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Please describe additional problem areas that have sight distance obstructions in the space provided below. Remember to take photos.			

6. Traffic Signs, Speed Control, Signals and Pavement Markings

	YES	NO	N/A
a. Are there School Zone signs, School Crossing signs, School Speed Limit signs, flashing beacons, and No Parking or No Standing signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are any high visibility (fluorescent yellow-green) signs used in the school zone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is there an effective school targeted program of traffic enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are there any school pavement markings located on roadways adjacent to or in the vicinity of the school grounds (e.g SCHOOL XI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are there currently traffic/speed control measures used in the area, such as speed humps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

f. Please describe additional information regarding adjacent traffic signs, speed control, signals and pavement markings in the space provided below. Remember to take photos.

## 7. Additional Information

Please use the space below to describe any additional problems or issues not identified in the checklist above. Be as specific as possible when describing a particular issue or location. Remember to take photos.