

# Bus Stop Accessibility Compliance Inspection Checklist - Public Transit

## General Information

Record basic details about the bus stop and inspection.

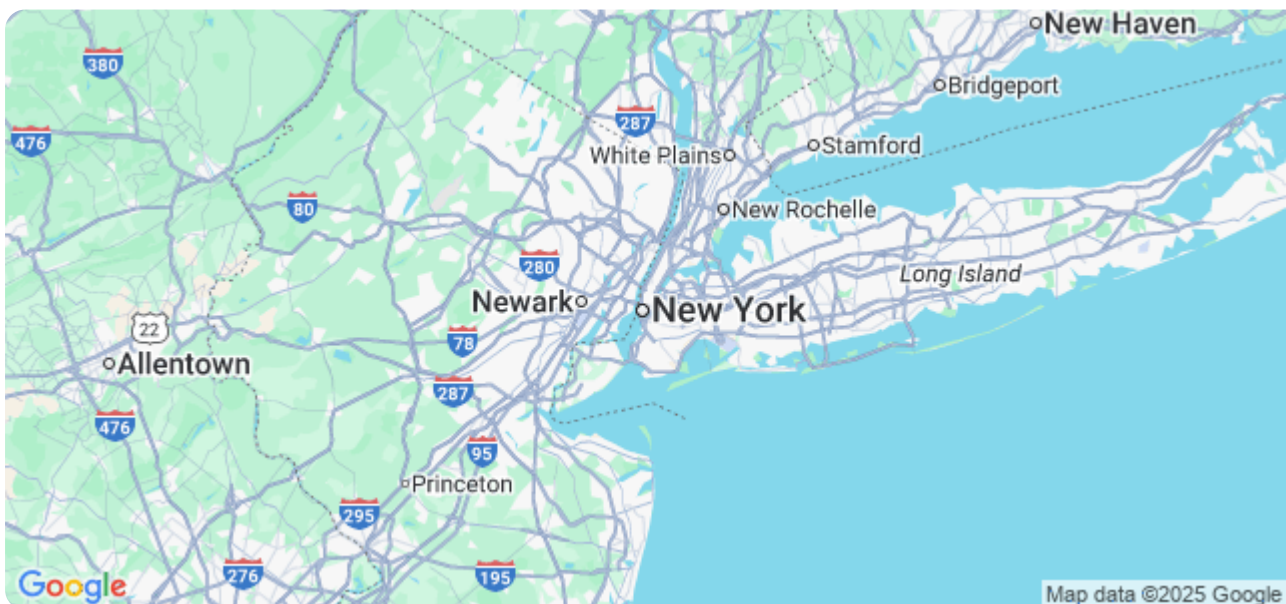
### Inspection Date

Enter date...

### Inspection Time

### Bus Stop Location (GPS Coordinates)

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### Bus Stop ID

Enter Bus Stop ID

### Inspector Name

Write something...

### Inspector Role

- Accessibility Auditor
- Transit Planner
- Maintenance Staff

### Weather Conditions

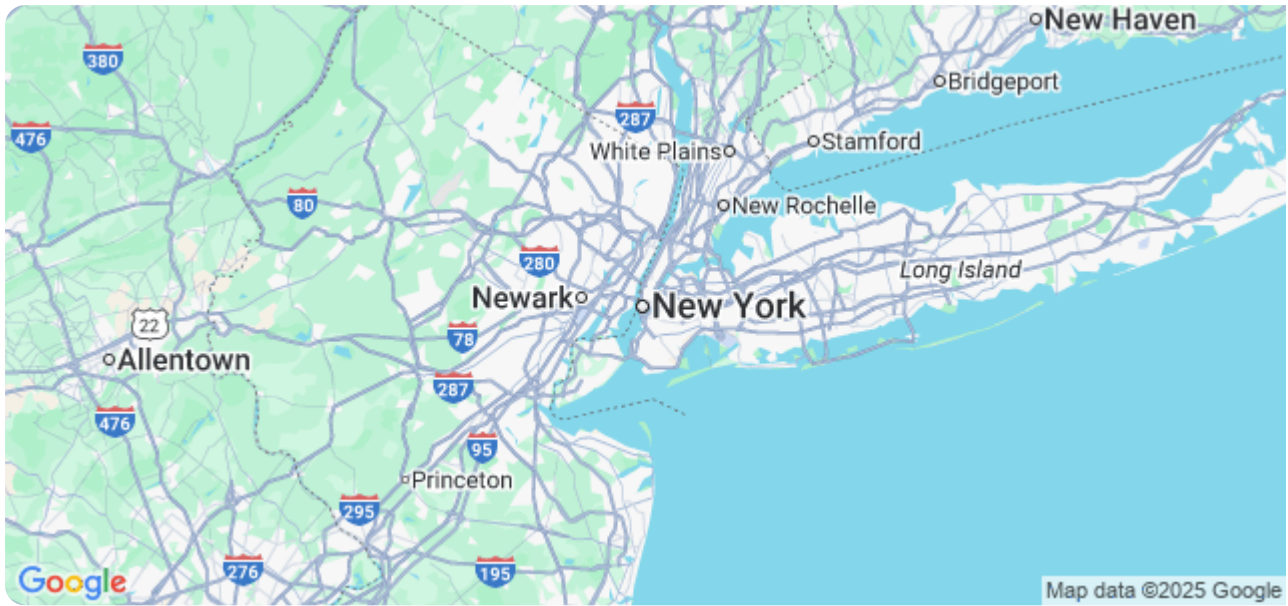
Write something...

## Physical Accessibility - Path of Travel

Evaluate the route to the bus stop from surrounding areas, focusing on accessible pathways.

## Start Point of Path of Travel

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## Path Width (feet)

Enter a number...

## Surface Material

- Concrete
- Asphalt
- Gravel
- Other

## Path Slope (%)

- 0-2%
- 2-5%
- 5% or greater

### Obstacles Present?

- Overhanging Branches
- Parked Vehicles
- Signage
- Utility Covers
- None

### Description of Obstacles (if any)

Write something...

### Path Condition

- Excellent
- Good
- Fair
- Poor

## Bus Stop Platform Accessibility

Assess the platform itself, including levelness, surface material, and any raised edges.

### Platform Height (inches)

Enter a number...

### Platform Levelness

- Level
- Slightly Sloped
- Significantly Sloped

### Platform Surface Material

- Concrete
- Asphalt
- Paved
- Other

### Presence of Raised Edges

- Yes
- No
- Partial

### Width of Platform (feet)

Enter a number...

### Notes on Platform Condition

Write something...

### Tactile Warning Surface Present?

- Yes
- No

## Bus Stop Shelter Accessibility

Inspect the shelter (if present) for accessible features like ramp access, seating, and door width.

### Shelter Width (feet)

Enter a number...

### Shelter Depth (feet)

Enter a number...

### Ramp Presence

- Yes
- No
- N/A

### Door Width (minimum 32 inches)

- Yes
- No
- N/A

### Accessible Seating Features

- Backless Seating
- Armrests
- Sufficient Space for Mobility Devices
- N/A

### Shelter Lighting Adequate?

- Yes
- No
- N/A

## Additional Notes on Shelter Accessibility

Write something...

# Signage & Information Accessibility

Check signage for legibility, tactile information, and appropriate placement.

## Signage Legibility - Overall Assessment

- Excellent
- Good
- Fair
- Poor

## Tactile Information Present on Signage?

- Yes
- No
- Not Applicable

## Font Size (in points)

Enter a number...

## Contrast Ratio - Text to Background

- Meets Standard
- Does Not Meet Standard
- Not Applicable

## Comments on Signage Content

Write something...

## Signage Height - Position relative to street level

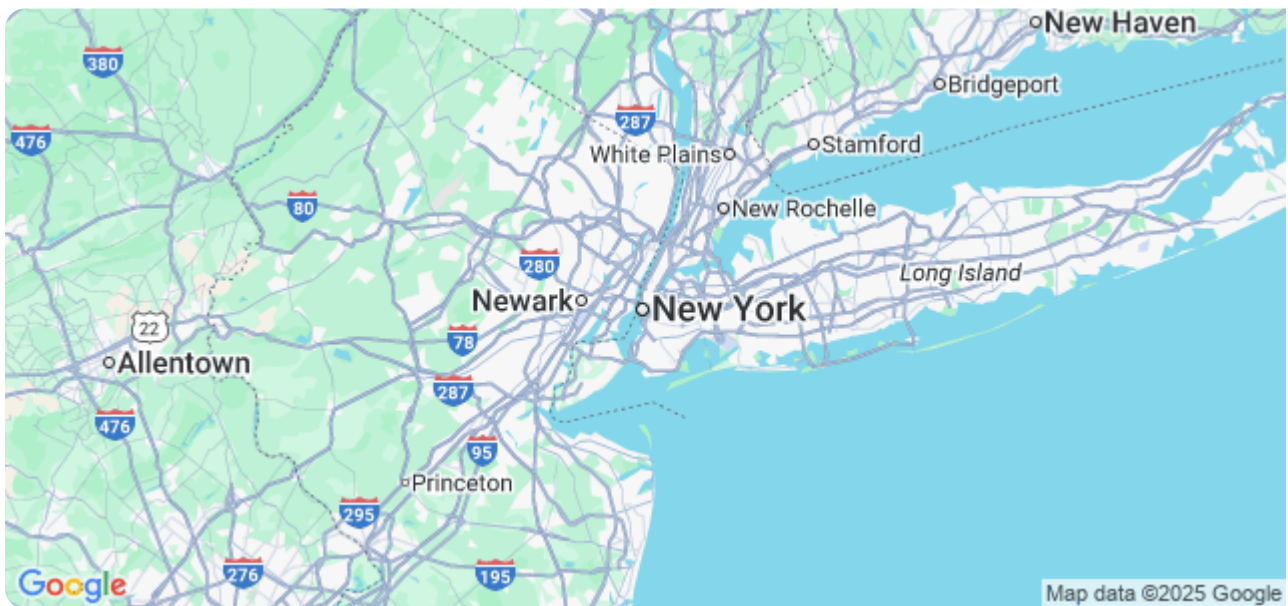
- Optimal
- Too High
- Too Low
- Not Applicable

# Curbing & Crossing Accessibility

Evaluate curb ramps, pedestrian signals, and the overall safety of street crossings.

## Curb Ramp Location (GPS Coordinates)

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### **Curb Ramp Slope (%)**

Enter a number...

### **Curb Ramp Tactile Indicators Present?**

- Yes
- No
- Not Applicable

### **Curb Ramp Surface Condition?**

- Excellent
- Good
- Fair
- Poor

### **Pedestrian Signal Accessible Button Present?**

- Yes
- No
- Not Applicable

### **Signal Timing for Accessible Crossing (seconds)**

Enter a number...

### **Description of Crossing Environment (traffic volume, visibility)**

Write something...

# Lighting & Visibility

Assess lighting conditions for adequate visibility and safety, particularly at night.

## Ambient Light Level (Lux)

## Adequacy of General Lighting

- Sufficient
- Marginal
- Insufficient

## Presence of Glare?

- Yes
- No

## Description of Lighting Conditions (if applicable)

## Presence of Obstructions to Light?

- Yes
- No

## Distance to Nearest Light Source (meters)

# Obstacles & Clearances

Identify any obstructions or inadequate clearances that could impede accessibility.

## Clearance from Obstacles (inches)

Enter a number...

## Width of Accessible Path (inches)

Enter a number...

## Overhanging Branches/Obstructions?

- Yes
- No

## Identify any obstructions (check all that apply)

- Trash Cans
- Street Furniture
- Utility Poles
- Vegetation
- Other

## Describe any observed obstructions in detail

Write something...

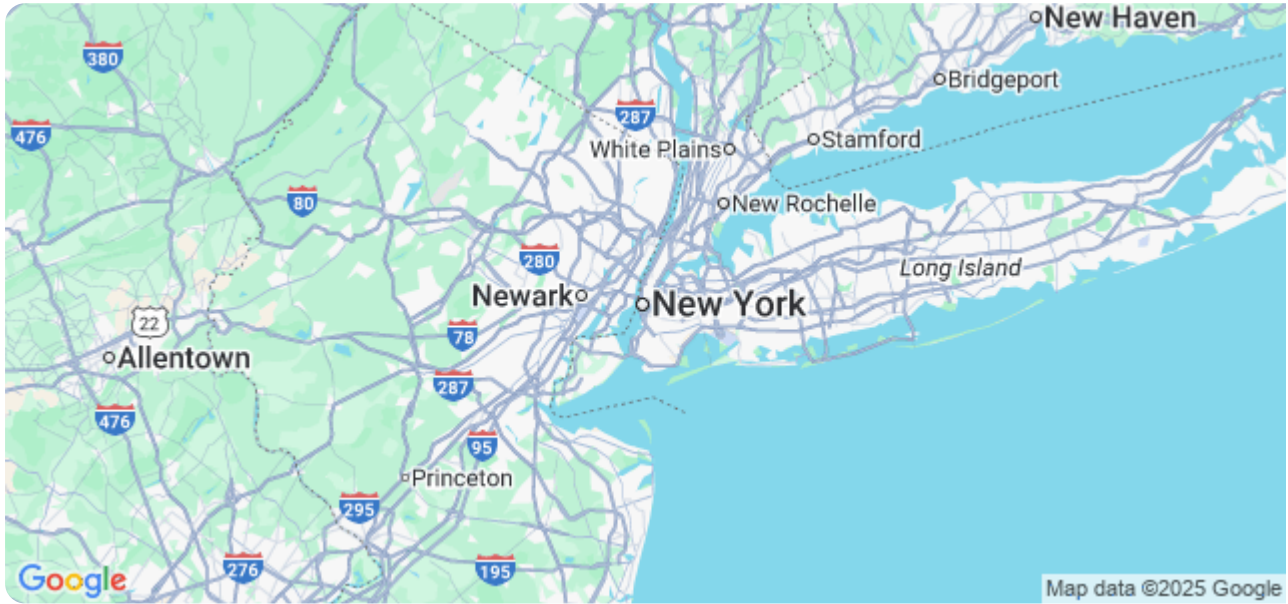
Is there sufficient clearance for mobility devices?

Yes

No

Location of Obstruction (if applicable)

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## Summary & Recommendations

Summarize findings and provide recommendations for improvement.

Overall Summary of Accessibility Compliance

Write something...

Severity Rating (1-5, 1=Minor, 5=Critical)

Enter a number...

### Areas Requiring Immediate Action

- Platform Surface
- Curb Ramp
- Shelter Accessibility
- Signage
- Path of Travel
- Other

### Specific Recommendations for Improvement

Write something...

### Date of Next Review

Enter date...

### Inspector Signature

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# GPS Location of Inspection

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