



Bus Stop Safety Inspection Checklist Template - Public Transit

 Show only Checklist

Display Style
Default 

General Site Assessment

Overall condition and immediate hazards.



GPS Coordinates of Bus Stop

 Set My Current Location



Ambient Temperature (°C)

Enter a number...

Overall Condition - Rating

- Excellent
- Good
- Fair
- Poor

Detailed Observations (General)

Write something...

Presence of Hazardous Materials?

Yes

No

Unsure

Photographic Evidence (General)

 Upload File

Accessibility Compliance

Evaluation of accessibility features for passengers with disabilities.

Kerb Height (inches)

Enter a number...

Ramp Present?

Yes

No

Ramp Slope (%)

Enter a number...

Tactile Paving Present?

Yes

No

Width of Accessible Path (inches)

Enter a number...

Comments on Accessibility Features

Write something...

Signage & Information

Clarity and adequacy of bus stop signs and passenger information.

Sign Visibility

Excellent

Good

Fair

Poor

Information Clarity (Route Numbers)

- Clear and Accurate
- Somewhat Clear
- Difficult to Understand
- Not Present

Real-Time Information Display (if applicable)

- Functional
- Not Functional
- Not Applicable

Note any missing or damaged signage (Route Numbers, Bus Stop Name)

Write something...

Which of the following information is present?

- Route Numbers
- Bus Stop Name
- Service Alerts
- Nearby Landmarks
- Accessibility Information

Details regarding language availability (if applicable)

Write something...

Surface & Pavement

Condition of the pavement and surrounding areas.

Pavement Height Variation (mm)

Enter a number...

Pavement Condition

- Excellent
- Good
- Fair
- Poor
- Unsafe

Describe any cracks or damage to the pavement

Write something...

Presence of Obstructions

- None
- Minor
- Significant

Pavement Slope (%)

Enter a number...

Describe any uneven surfaces

Write something...

Presence of Trip Hazards

- None
- Minor
- Significant

Lighting

Adequacy and functionality of lighting.

Overall Lighting Condition

- Excellent
- Good
- Fair
- Poor

Lux Level (approximate)

Light Fixture Condition

- Intact
- Damaged
- Missing

Light Coverage

- Adequate
- Inadequate
- Uneven

Last Lighting Maintenance Date

Time of Inspection (related to lighting visibility)

Shelter & Seating

Condition and safety of shelter and seating areas.

Number of Seating Units

Seating Condition (Good, Fair, Poor)

- Good
- Fair
- Poor

Shelter Roof Condition (Intact, Damaged, Leaking)

- Intact
- Damaged
- Leaking

Description of any damage to shelter or seating

Write something...

Presence of Vandalism (Yes/No)

- Yes
- No

Temperature Inside Shelter (Approximate)

Enter a number...

Notes about shelter usability/comfort

Write something...

Vegetation & Obstructions

Assessment of vegetation and potential obstructions to visibility and access.

Type of Vegetation Present?

- Grass/Weeds
- Shrubs/Bushes
- Trees
- Other

Estimated Vegetation Height (inches)

Description of any vegetation encroaching on pedestrian path

Obstructions Identified?

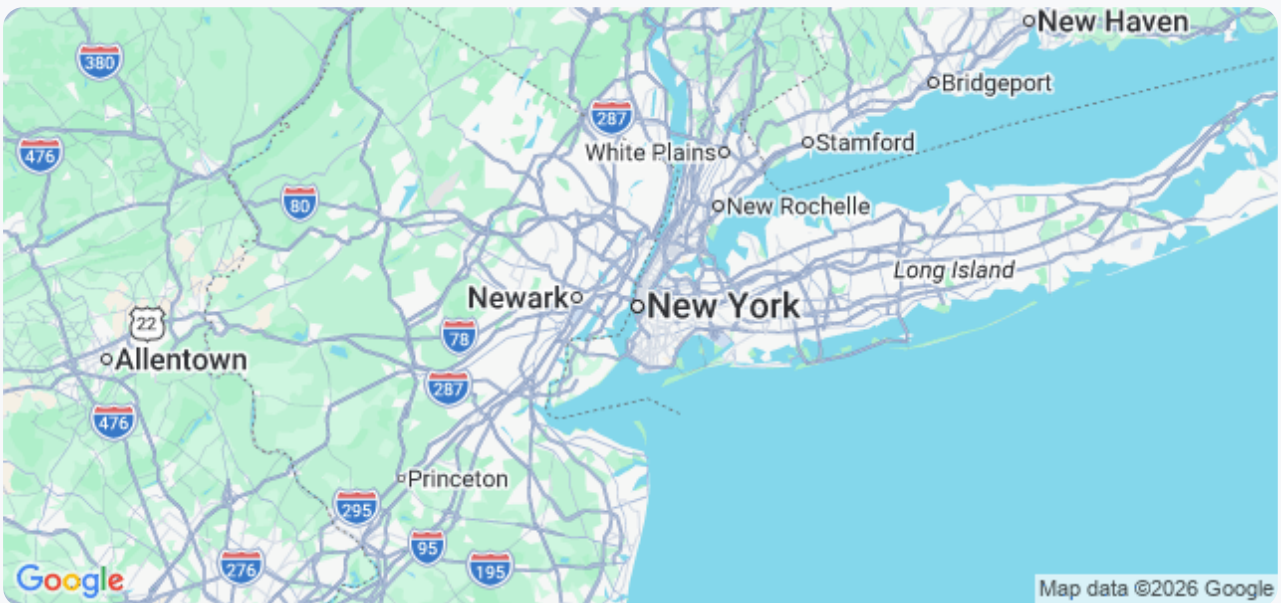
- Parked Vehicles
- Construction Materials
- Dumpsters/Containers
- Street Furniture
- Advertising Boards
- None

Details of any obstruction, including size and location

Write something...

GPS Coordinates of Obstruction (if applicable)

 [Set My Current Location](#)



Date Obstruction Notified (if applicable)

Enter date...

Traffic Safety

Evaluation of traffic control measures and potential hazards for pedestrians.

Distance to Nearest Intersection (meters)

Enter a number...

Visibility of Approaching Traffic

- Excellent
- Good
- Fair
- Poor

Traffic Calming Measures Present?

- Speed Bumps
- Raised Crosswalks
- Roundabout
- None

Presence of Pedestrian Crossing Signals?

- Yes
- No

Posted Speed Limit (km/h)

Enter a number...

Additional Notes on Traffic Safety Concerns

Write something...

Cleanliness & Vandalism

Level of cleanliness and presence of vandalism.

Severity of Graffiti (1-5, 1=Minor, 5=Extensive)

Enter a number...

Types of Vandalism Present (Select all that apply)

- Graffiti
- Broken Glass
- Litter
- Chewing Gum
- Other

Detailed Description of Observed Issues

Write something...

Estimated Litter Volume (Approximate number of bags)

Enter a number...

Overall Cleanliness Rating (Poor, Fair, Good, Excellent)

- Poor
- Fair
- Good
- Excellent

Upload Photos of Observed Issues (Optional)

 Upload File

Reporting & Actions

Record of findings and required corrective actions.

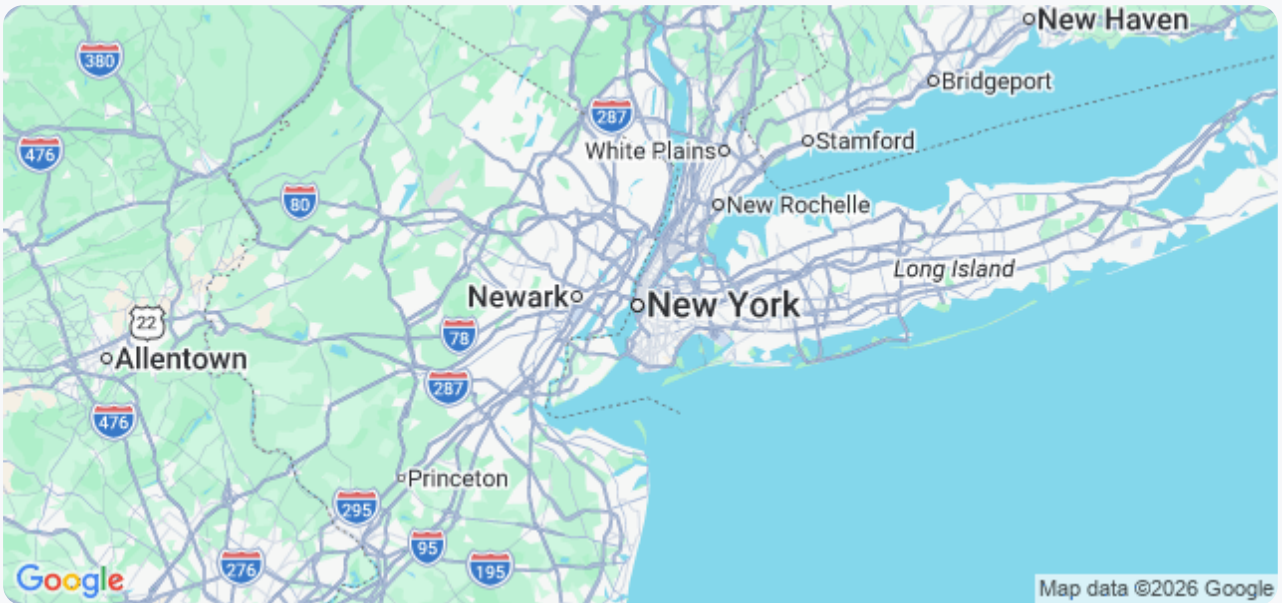
Date of Inspection

Enter date...

Time of Inspection

GPS Location of Bus Stop

 [Set My Current Location](#)



Priority Level (1-High, 5-Low)

Detailed Description of Findings & Issues

Supporting Photos/Evidence (optional)

 Upload File

Assigned to (Team/Individual)

- Maintenance Team
- Infrastructure Team
- Safety Officer

Target Completion Date

Enter date...

Inspector Name

Write something...

Inspector Signature
