



# 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)

Enter a number...

### Light Fixture Condition

- Intact
- Damaged
- Missing

### Light Coverage

- Adequate
- Inadequate
- Uneven

### Last Lighting Maintenance Date

Enter date...

### Time of Inspection (related to lighting visibility)

Enter time...

## Shelter & Seating

Condition and safety of shelter and seating areas.

### Number of Seating Units

Enter a number...

### 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)

Enter a number...

## Description of any vegetation encroaching on pedestrian path

Write something...

## Obstructions Identified?

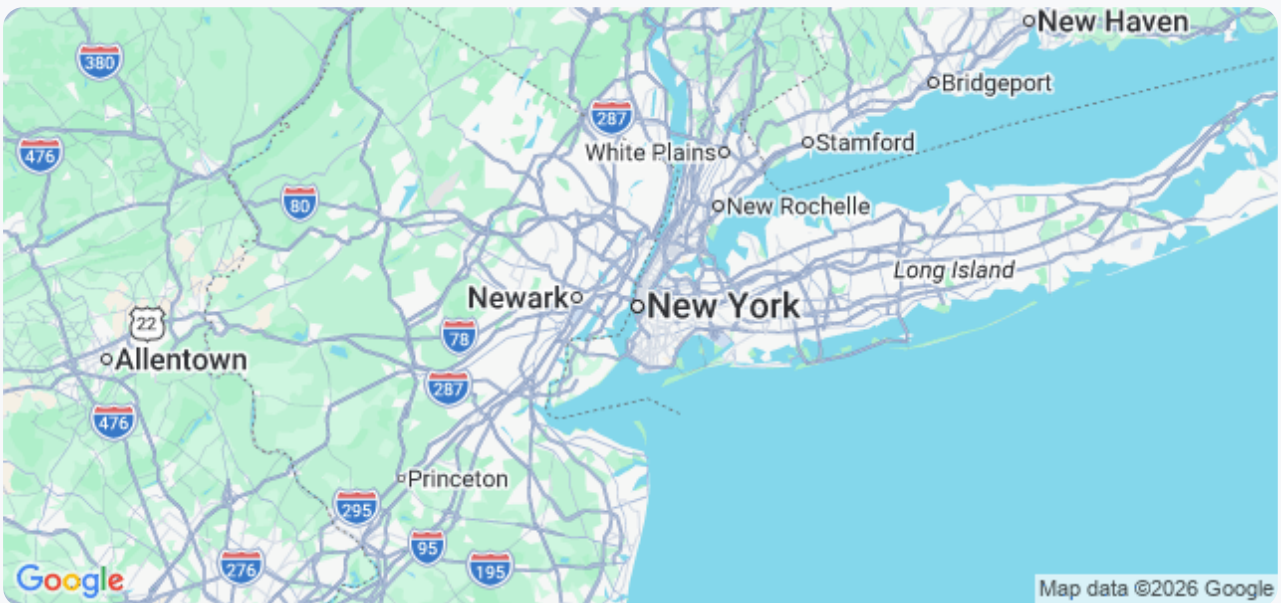
- Parked Vehicles
- Construction Materials
- Dumpsters/Containers
- Street Furniture
- Advertising Boards
- None

### 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)

### Additional Notes on Traffic Safety Concerns

# 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.

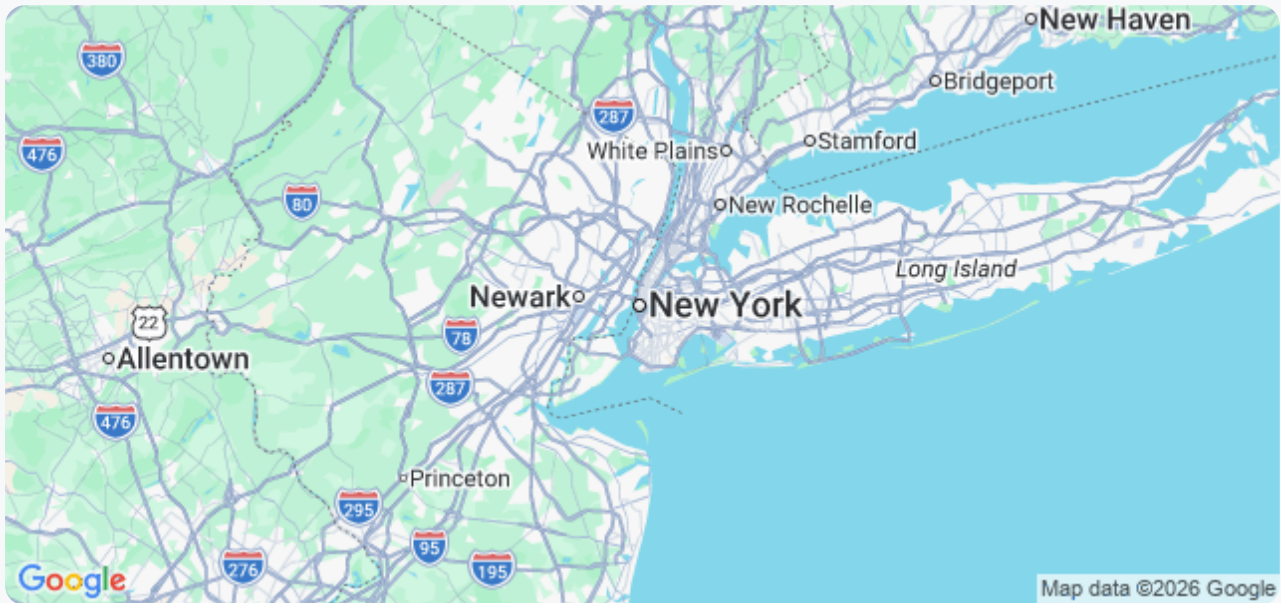
### Date of Inspection

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