



# Public Transit Route Safety Audit Checklist Template

 Show only Checklist

Display Style  
Default 

## Route Overview & Planning

Initial assessment of the route's design and planning considerations.

### Route Name/Identifier

Write something...

### Date of Last Route Review

Enter date...



### Average Daily Ridership (Estimate)

Enter a number...

### Description of Route's Purpose/Function

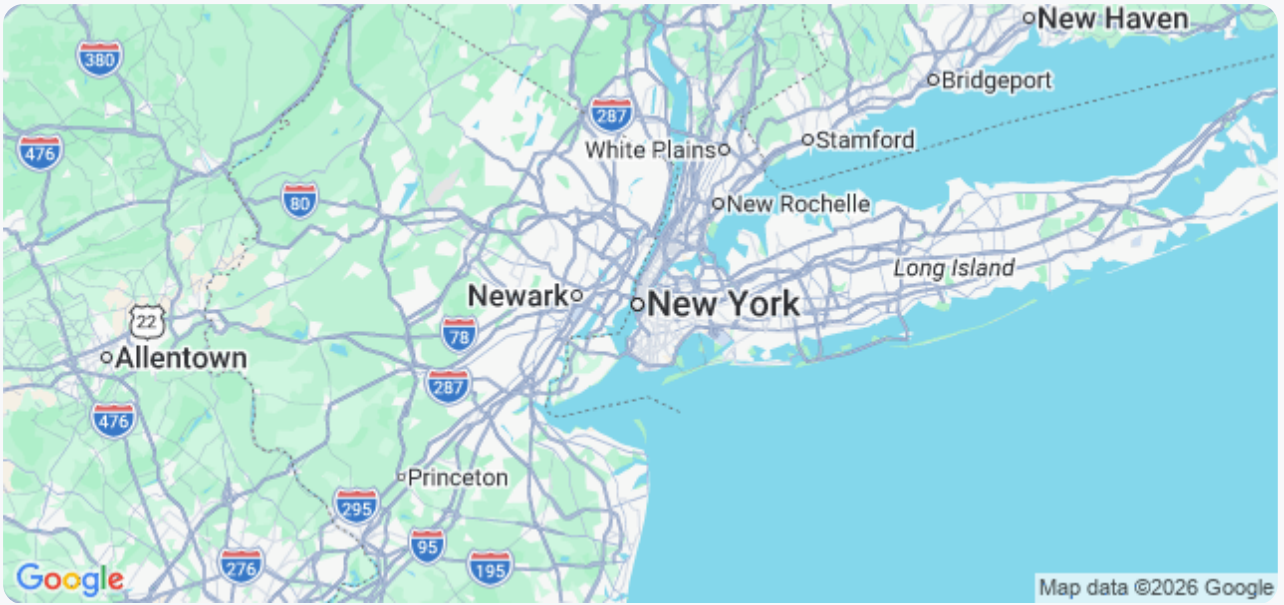
Write something...

### Route Type (e.g., Express, Local, Commuter)

- Express
- Local
- Commuter
- Other

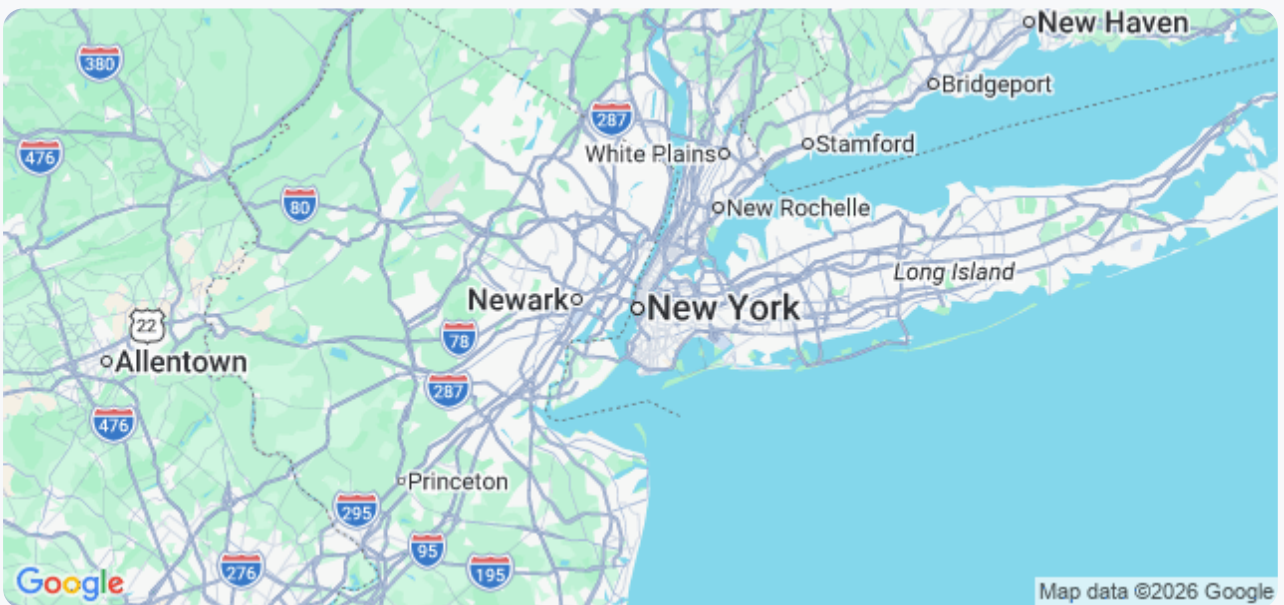
## Starting Point GPS Coordinates

[📍 Set My Current Location](#)



## Ending Point GPS Coordinates

[📍 Set My Current Location](#)



# Roadway Conditions

Evaluation of road surface, markings, signage, and potential hazards.

## Pavement Condition Rating (1-5, 5 being excellent)

Enter a number...

## Road Surface Type

- Asphalt
- Concrete
- Gravel
- Other

## Describe any visible road damage (cracks, potholes, etc.)

Write something...

## Lane Markings Condition

- Excellent
- Good
- Fair
- Poor

### Road Width (meters)

Enter a number...

### Note any unusual or unexpected conditions observed.

Write something...

### Signage Condition

- Excellent
- Good
- Fair
- Poor

## Pedestrian & Cyclist Safety

Assessment of pedestrian and cyclist interactions with the route.

### Estimated Pedestrian Volume (per hour)

Enter a number...

### Estimated Cyclist Volume (per hour)

Enter a number...

### Presence of Marked Crosswalks?

- Yes
- No
- Partial

### Condition of Crosswalk Markings?

- Excellent
- Good
- Fair
- Poor

### Potential Conflicts?

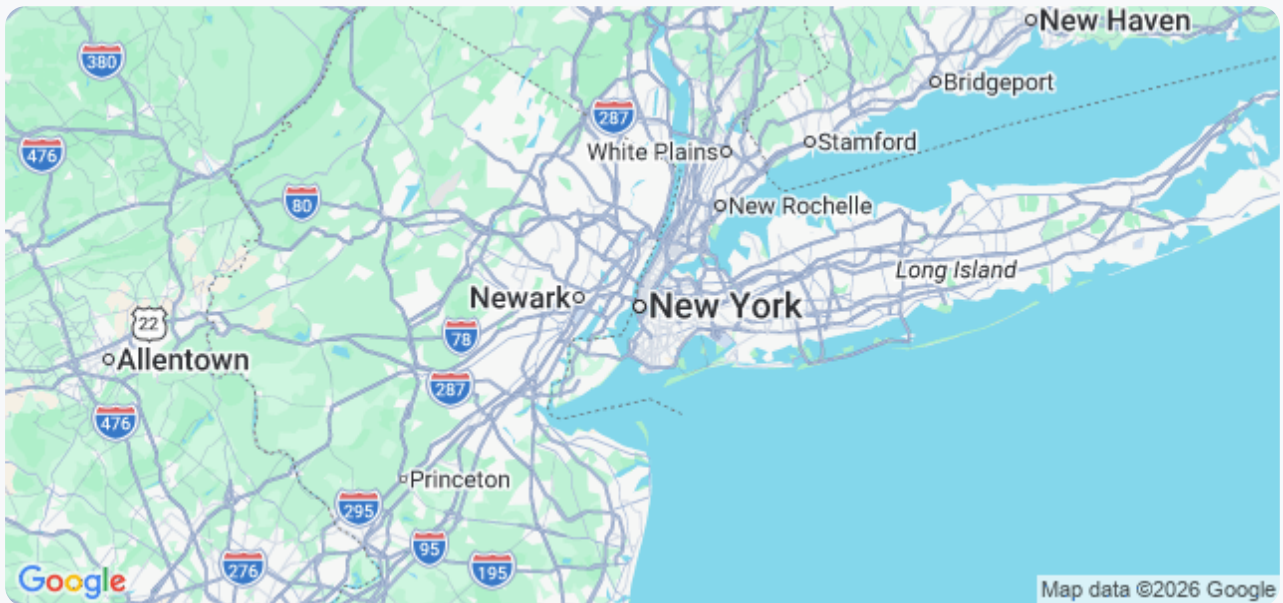
- Blind corners
- Limited visibility
- High pedestrian/cyclist speed
- Vehicle turning movements
- Shared roadways
- None

**Describe any observed pedestrian/cyclist behavior patterns (e.g., jaywalking)**

Write something...

**Location of observed high-risk pedestrian/cyclist activity**

 [Set My Current Location](#)



**Presence of Bike Lanes?**

- Yes
- No
- Shared Roadway

# Traffic Signal Timing & Coordination

Review of traffic signal functionality and synchronization.

## Cycle Length (Seconds)

## Phase Duration (Seconds) - Phase 1

## Phase Duration (Seconds) - Phase 2

## Phase Duration (Seconds) - Phase 3

## Signal Head Condition

- Excellent
- Good
- Fair
- Poor

### Detector Functionality

- Functional
- Malfunctioning
- Not Present

### Time of Observation

Enter time...

### Notes on Timing/Coordination

Write something...

## Intersection Safety

Detailed inspection of intersections along the route.

### Vehicle Clearance Distance (feet)

Enter a number...

### Turning Radius Adequacy

- Adequate
- Insufficient
- Needs Evaluation

### Potential Hazards Present

- Limited Visibility
- Pedestrian Jaywalking
- Heavy Truck Traffic
- Poor Road Markings
- Unprotected Left Turn
- None

### Describe any observed pedestrian behavior issues.

Write something...

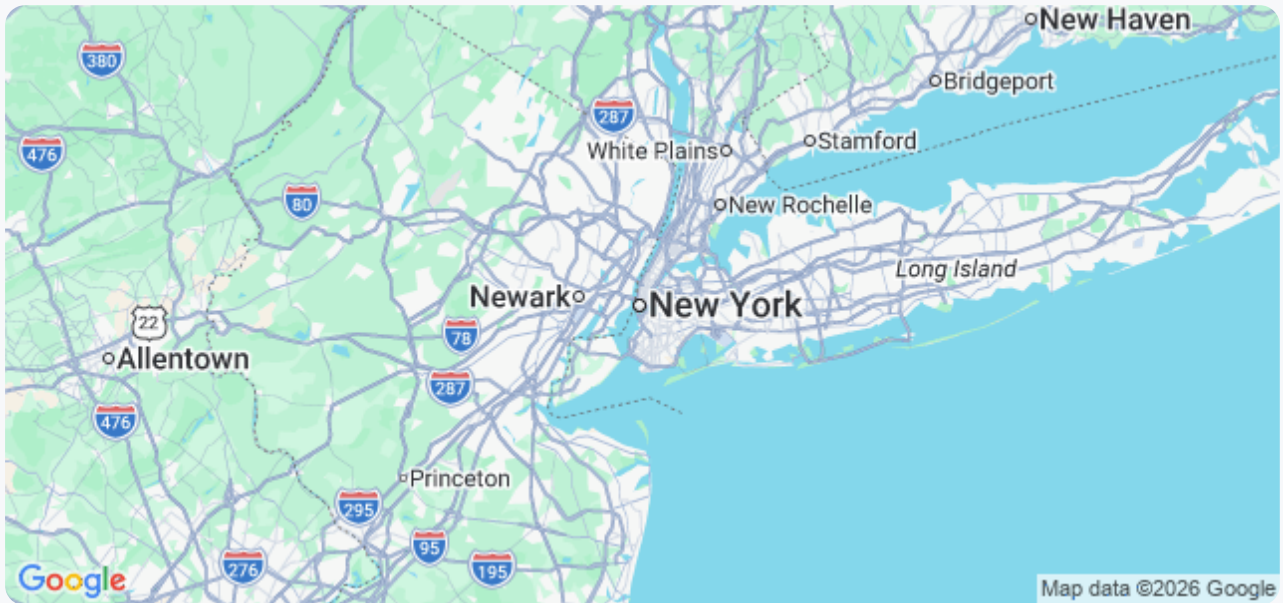
### Traffic Signal Visibility

- Excellent
- Good
- Fair
- Poor

### Last Signal Timing Review Date

### GPS Coordinates of Intersection

 [Set My Current Location](#)



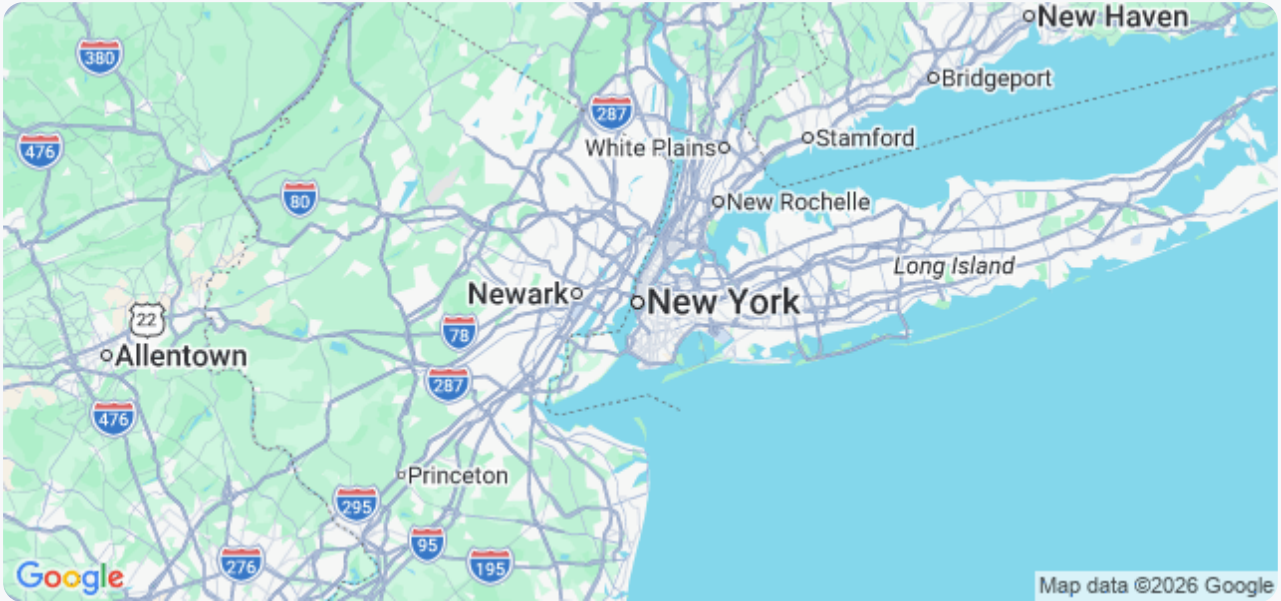
### Average Vehicle Speed Near Intersection (MPH)

# Bus Stop/Station Accessibility & Safety

Assessment of bus stop/station infrastructure and passenger safety.

## Bus Stop/Station GPS Coordinates





## Kerb Height (inches)

### Ramp Slope (%)

Enter a number...

### Accessible Features Present?

- Ramp
- Tactile Paving
- Accessible Signage
- Level Boarding
- Accessible Seating
- None

### Description of Accessibility Issues (if any)

Write something...

### Lighting Adequacy at Bus Stop/Station?

- Adequate
- Insufficient
- N/A

### Shelter Condition?

- Good
- Fair
- Poor
- N/A

### Inspector Signature

## Obstruction & Visibility

Check for obstructions that impede visibility for drivers and pedestrians.

### Distance to Nearest Obstruction (feet)

### Description of Obstruction (e.g., overgrown vegetation, parked vehicles)

### Type of Obstruction

- Vegetation
- Parked Vehicle
- Construction Equipment
- Signage Obstruction
- Other

### Visibility Impairment Level

- Minor
- Moderate
- Severe

### Photo of Obstruction (optional)

 Upload File

### Distance to Intersection (feet)

Enter a number...

### Description of Impact on Driver Visibility

Write something...

# Emergency Preparedness

Evaluation of emergency access, signage, and communication plans.

## Emergency Contact Response Time (minutes)

## Last Emergency Drill Date

## Time of Last Emergency Drill

## Summary of Drill Findings & Corrective Actions

## Emergency Route Designation Status

- Designated
- Under Review
- Not Designated

### Emergency Route Map (PDF/Image)

 Upload File

### Description of Communication Protocols for Emergencies

Write something...

### Availability of First Aid Kits

Yes

No

Partial

## Lighting & Signage

Verification of adequate lighting and clear signage throughout the route.

### Streetlight Intensity (Lux)

Enter a number...

### Streetlight Condition

- Working
- Damaged
- Malfunctioning
- Missing

### Signage Visibility

- Excellent
- Good
- Fair
- Poor

### Signage Condition

- Intact
- Faded
- Damaged
- Missing

### Notes on Signage Condition (e.g., graffiti, obstructions)

Write something...

### Photographic Evidence of Signage Issues

 Upload File

## Community Feedback & Concerns

Review of community reports and concerns related to route safety.

### **Summary of Community Feedback Received**

Write something...

### **Number of Complaints/Concerns Received**

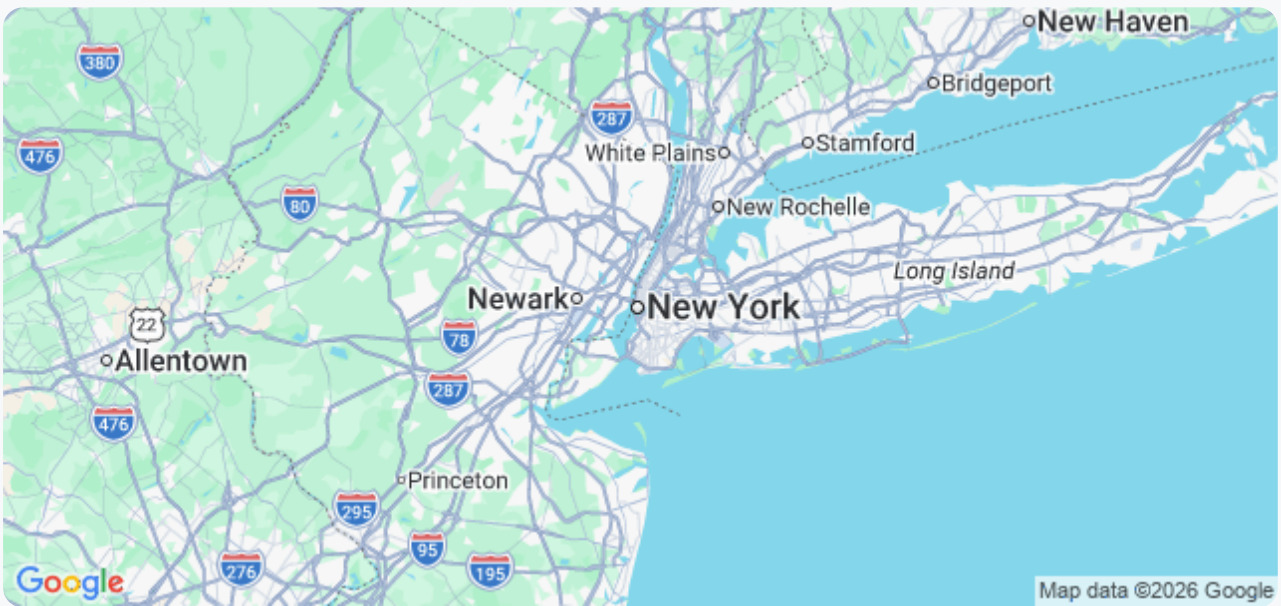
Enter a number...

### Primary Concern Category (e.g., Speeding, Near Misses, Pedestrian Safety)

- Speeding
- Near Misses
- Pedestrian Safety
- Driver Behavior
- Road Surface
- Signage/Markings
- Other

### Location of Reported Concern (if applicable)

 [Set My Current Location](#)



### Date of Reported Concern

Enter date...

### Related Issues (select all that apply)

- Visibility Concerns
- Traffic Congestion
- Driver Awareness
- Road Layout
- Pedestrian Flow

### Supporting Documentation (e.g., Photos, Videos)

 Upload File