



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

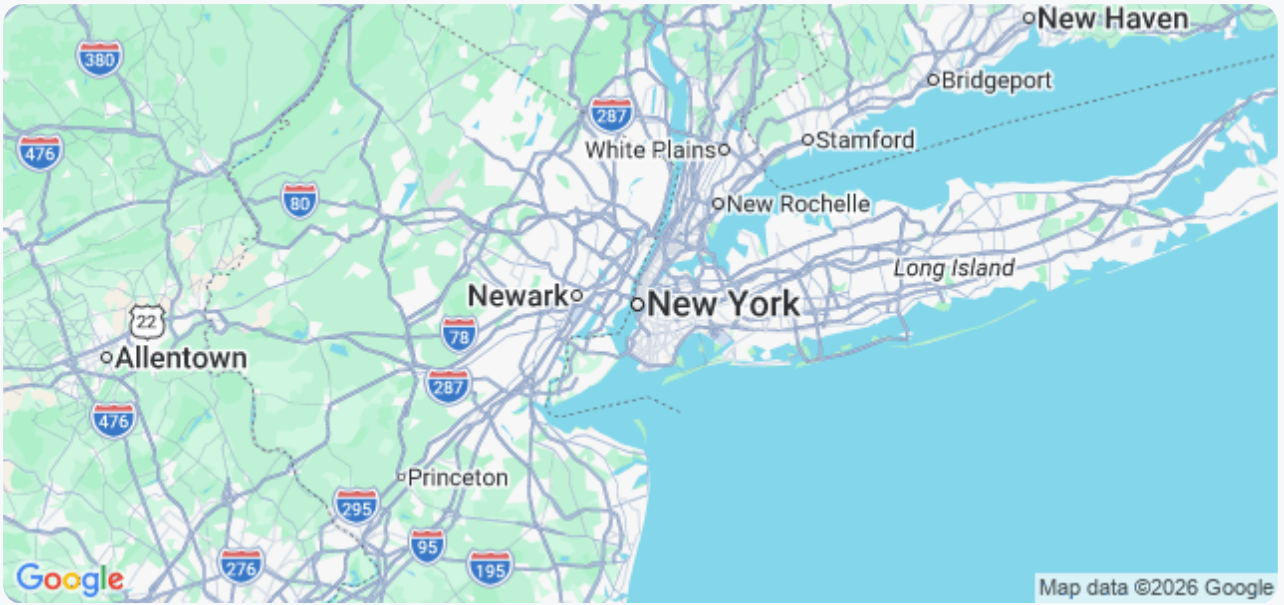
Write something...

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

- Express
- Local
- Commuter
- Other

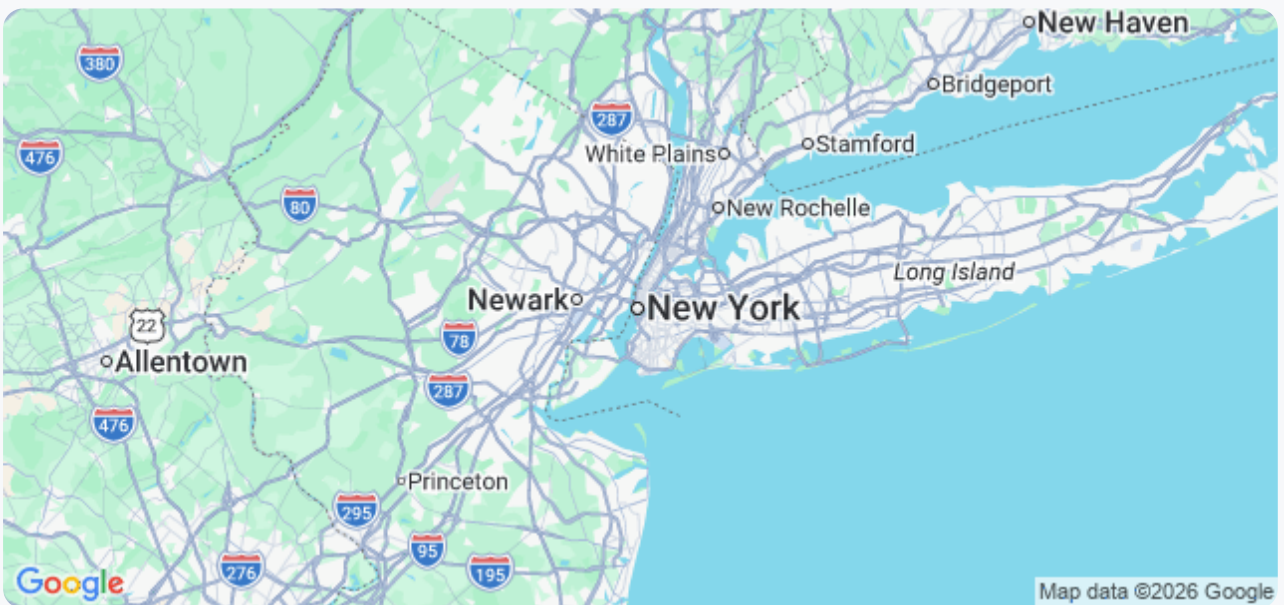
Starting Point GPS Coordinates

[📍 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?

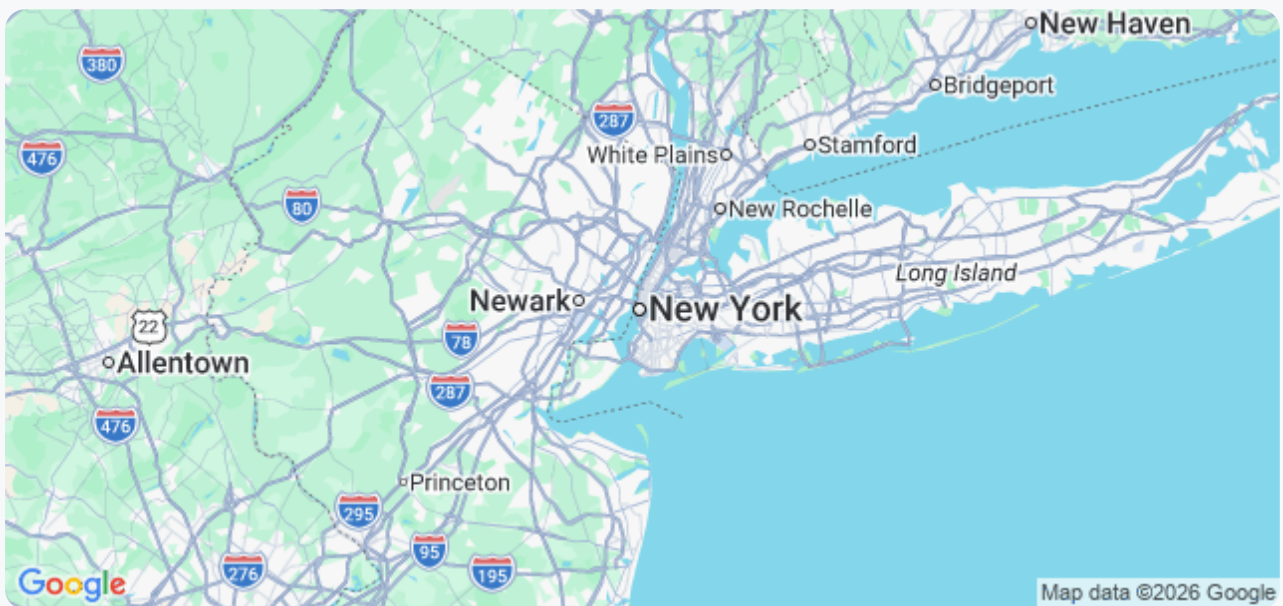
- Blind corners
- Limited visibility
- High pedestrian/cyclist speed
- Vehicle turning movements
- Shared roadways
- None

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

Write something...

Location of observed high-risk pedestrian/cyclist activity

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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...

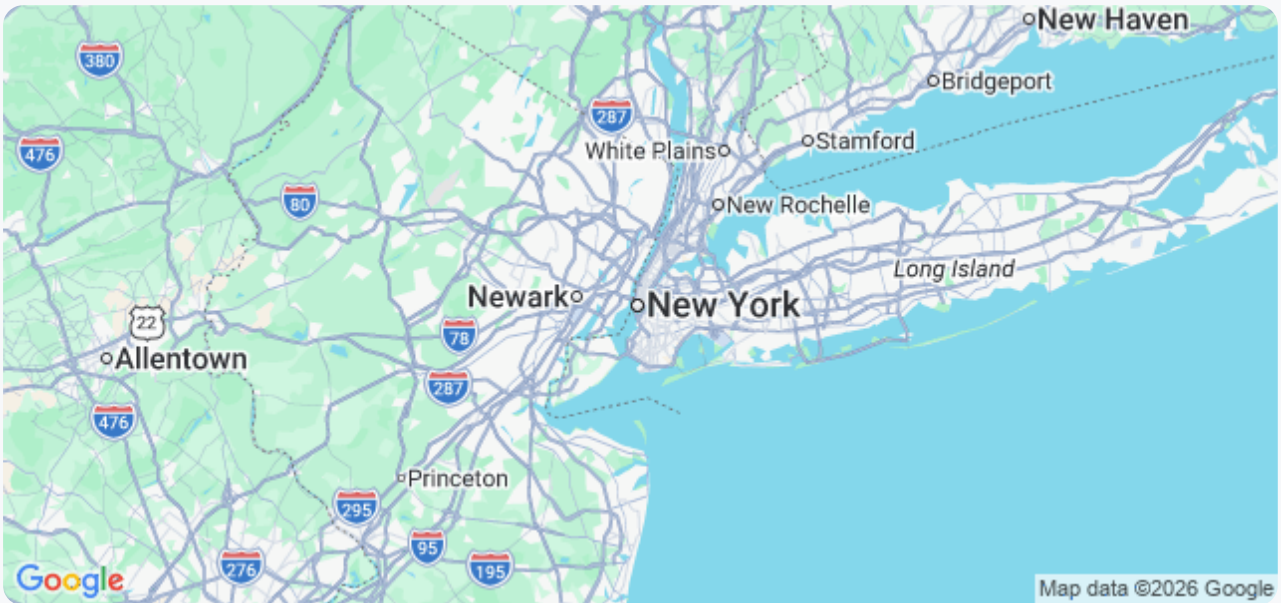
Traffic Signal Visibility

- Excellent
- Good
- Fair
- Poor

Last Signal Timing Review Date

GPS Coordinates of Intersection

 [Set My Current Location](#)



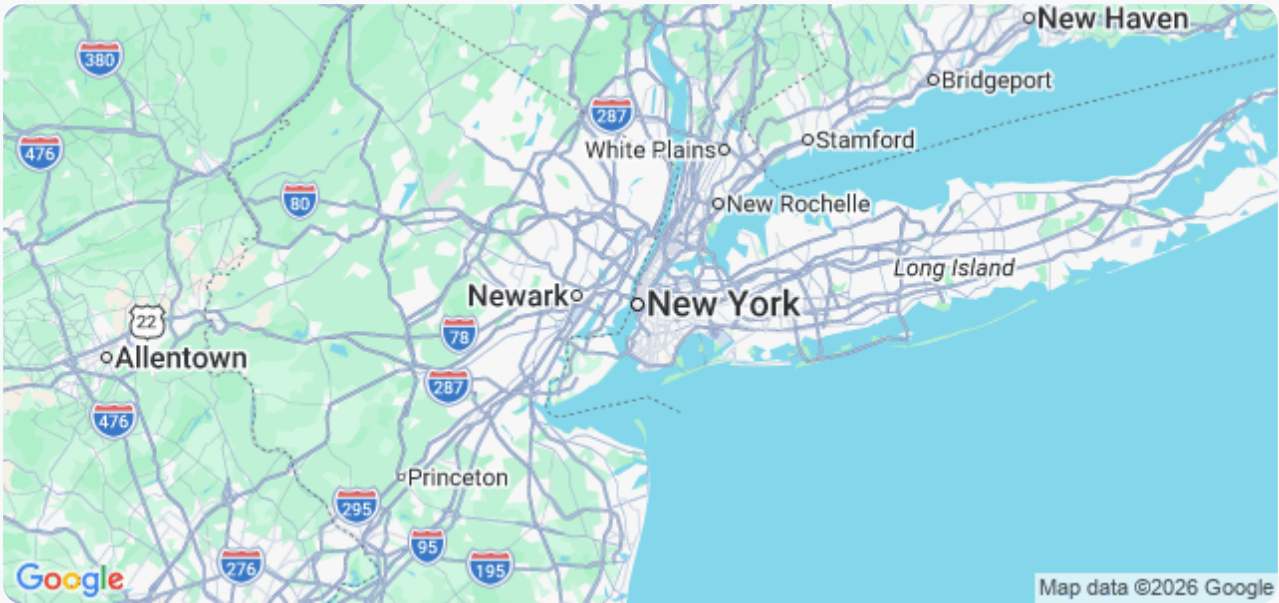
Average Vehicle Speed Near Intersection (MPH)

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)

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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

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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

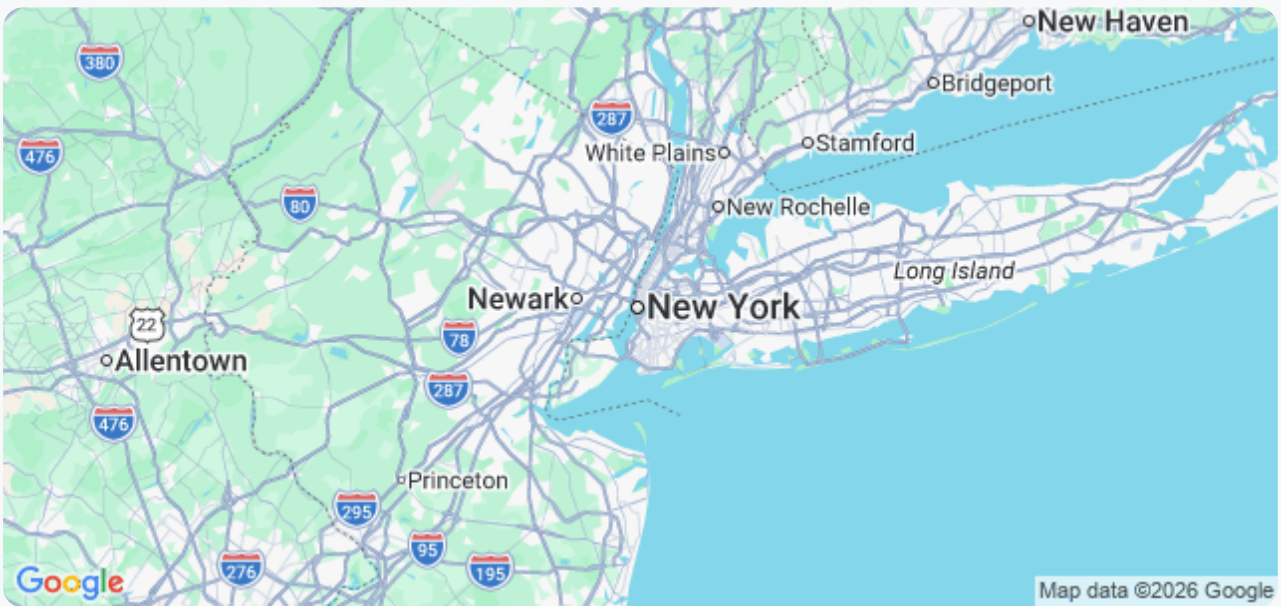
Enter a number...

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)

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