

**BUS STOP CHECKLIST**

**PART A: IDENTIFICATION/LOCATION**

|                    |                  |                            |                  |
|--------------------|------------------|----------------------------|------------------|
| <i>Route Name:</i> | <i>Location:</i> | <i>Weather Conditions:</i> | <i>Stop No.:</i> |
|--------------------|------------------|----------------------------|------------------|

| PART A: IDENTIFICATION/LOCATION |  | Yes                                  | No   | N/A                                       |
|---------------------------------|--|--------------------------------------|--|---|
| <b>A1</b>                       | Is there a bus shelter?  | <input type="checkbox"/>             | <input type="checkbox"/>                             | <input type="checkbox"/>                  |
|                                 | <i>If YES, what is the number of the shelter?</i>  |                                      |  |   |
|                                 | <i>If NO, is there an exterior alternative shelter nearby (i.e. - awning, overhangs, underpass)?</i> | <input type="checkbox"/>             | <input type="checkbox"/>                             | <input type="checkbox"/>                  |
| <b>A2</b>                       | Street Name:   |                                      |  |   |
| <b>A3</b>                       | Nearest Cross Street (street name or landmark if mid-block):   |                                      |  |   |
| <b>A4</b>                       | Bus Route Direction:   |                                      |  |   |
|                                 | North Bound <input type="checkbox"/>   | South Bound <input type="checkbox"/> | More than one direction <input type="checkbox"/>     |   |
|                                 | East Bound <input type="checkbox"/>  | West Bound <input type="checkbox"/>  |  |   |
| <b>A5</b>                       | What is the purpose of the stop?   |                                      |  |   |
|                                 | Park and Ride <input type="checkbox"/>   | Boarding <input type="checkbox"/>    | Both Boarding and Alighting <input type="checkbox"/> | Other (specify): <input type="checkbox"/> |
|                                 | Kiss and Ride <input type="checkbox"/>   | Alighting <input type="checkbox"/>   | Transfer <input type="checkbox"/>                    |   |
| <b>A6</b>                       | What is the average number of daily boardings at the stop?   |                                      |  |   |
| <b>A7</b>                       | Where is the bus stop positioned in relation to the nearest intersection?                            |                                      |  |   |
|                                 | Nearside (Before the bus crosses the intersection)   | <input type="checkbox"/>             |  |   |
|                                 | Far Side (After the bus crosses the intersection)  | <input type="checkbox"/>             |  |   |
|                                 | Mid-block  | <input type="checkbox"/>             |  |   |
|                                 | Not near an intersection   | <input type="checkbox"/>             |  |   |
|                                 | Freeway bus pad  | <input type="checkbox"/>             |  |   |
|                                 | N/A  | <input type="checkbox"/>             |  |   |

|             |              |                  |
|-------------|--------------|------------------|
| <i>Date</i> | <i>Time:</i> | <i>Surveyor:</i> |
|-------------|--------------|------------------|

**BUS STOP CHECKLIST**

**PART A: IDENTIFICATION/LOCATION**

|                    |                  |                            |                  |
|--------------------|------------------|----------------------------|------------------|
| <i>Route Name:</i> | <i>Location:</i> | <i>Weather Conditions:</i> | <i>Stop No.:</i> |
|--------------------|------------------|----------------------------|------------------|

|            |  |  |  |   |
|------------|--|--|--|---|
| <b>A8</b>  | Distance from bus stop pole to curb of cross street in feet:             |  |  |   |
| <b>A9</b>  | Adjacent property address or name of business (only if readily visible): |  |  |   |
| <b>A10</b> | Adjacent Property Description:   |  |  |   |
|            | Apartment Building <input type="checkbox"/>                              | Industrial Site/Bldg. <input type="checkbox"/> | Park <input type="checkbox"/>                  | School <input type="checkbox"/>                 |
|            | Day Care <input type="checkbox"/>  | Library <input type="checkbox"/>               | Park and Ride <input type="checkbox"/>         | Supermarket <input type="checkbox"/>            |
|            | Government Building <input type="checkbox"/>                             | Mall/Shopping Center <input type="checkbox"/>  | Place of Worship <input type="checkbox"/>      | Transit station/center <input type="checkbox"/> |
|            | Hospital <input type="checkbox"/>  | Nursing Home <input type="checkbox"/>          | Residence – townhouse <input type="checkbox"/> | Vacant lot <input type="checkbox"/>             |
|            | Human Service Agency <input type="checkbox"/>                            | Office Building <input type="checkbox"/>       | Residence – detached <input type="checkbox"/>  | Other (specify): <input type="checkbox"/>       |
|            |  | Retail Store <input type="checkbox"/>          |  |   |
| <b>A11</b> | Distance from previous bus stop (in feet):                               |  |  |   |

|             |              |                  |
|-------------|--------------|------------------|
| <i>Date</i> | <i>Time:</i> | <i>Surveyor:</i> |
|-------------|--------------|------------------|

**BUS STOP CHECKLIST**

**PART B: PEDESTRIAN ACCESS FEATURES**

|                    |                  |                            |                  |
|--------------------|------------------|----------------------------|------------------|
| <i>Route Name:</i> | <i>Location:</i> | <i>Weather Conditions:</i> | <i>Stop No.:</i> |
|--------------------|------------------|----------------------------|------------------|

**PART B: PEDESTRIAN ACCESS FEATURES**

**Section B-1: Landing Area Assessment**

|           |   |                          |                          |                                 |   |                                |
|-----------|---|--------------------------|--------------------------|---------------------------------|---|--------------------------------|
| <b>B1</b> | Is there a landing area at least 5 feet wide and 8 feet deep adjacent to the curb/street? |                          |                          | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>                |                                |
| <b>B2</b> | Where is the landing area positioned in relation to the curb/street?                      |                          |                          |                                 |   |                                |
|           | Below street level<br>(low ground or shoulder)  | <input type="checkbox"/> | Shoulder                 | <input type="checkbox"/>        | Other (specify):                              |                                |
|           |   |                          | Adjacent                 | <input type="checkbox"/>        |   |                                |
|           | Sidewalk  | <input type="checkbox"/> | Bus Bulb                 | <input type="checkbox"/>        | Off-Road/No sidewalk <input type="checkbox"/> |                                |
| <b>B3</b> | What is the material of the landing area?   |                          |                          |                                 |   |                                |
|           | Asphalt   | <input type="checkbox"/> | Dirt                     | <input type="checkbox"/>        | Other (specify):                              |                                |
|           | Concrete  | <input type="checkbox"/> | Grass                    | <input type="checkbox"/>        |   |                                |
|           |   |                          | Pavers                   | <input type="checkbox"/>        | <input type="checkbox"/>                      |                                |
| <b>B4</b> | Are there problems with the landing area surface?   |                          |                          |                                 | Yes<br><input type="checkbox"/>               | No<br><input type="checkbox"/> |
|           | <i>If YES, rank resulting accessibility potential:</i>                                    |                          |                          |                                 |   |                                |
|           |   | Not Accessible           | Minimally Accessible     | Accessible                      |   |                                |
|           | Uneven  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |   |                                |
|           | Slopes up from the street   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |   |                                |
|           | Slopes down from the street   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |   |                                |
|           | Requires stepping over drain inlet  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |   |                                |
|           | Other (Specify)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |   |                                |
| <b>B5</b> | Are there any obstacles that would limit the mobility of a wheelchair?                    |                          |                          |                                 | Yes<br><input type="checkbox"/>               | No<br><input type="checkbox"/> |
|           | <i>If YES, describe obstruction:</i>  |                          |                          |                                 |   |                                |

|             |              |                  |
|-------------|--------------|------------------|
| <i>Date</i> | <i>Time:</i> | <i>Surveyor:</i> |
|-------------|--------------|------------------|

**BUS STOP CHECKLIST**

**PART B: PEDESTRIAN ACCESS FEATURES**

|                    |                  |                            |                  |
|--------------------|------------------|----------------------------|------------------|
| <i>Route Name:</i> | <i>Location:</i> | <i>Weather Conditions:</i> | <i>Stop No.:</i> |
|--------------------|------------------|----------------------------|------------------|

|                  |  |  |                          |
|------------------|--|--|--------------------------|
| <b>B6</b>        | Additional landing area comments:                                    |  |                          |
| <b>B7</b>        | Landing area recommendations:  |  |                          |
|                  | Widen sidewalk to expand landing area to 5 feet wide and 8 feet deep |  | <input type="checkbox"/> |
|                  | Install curb bulb or remove on street parking                        |  | <input type="checkbox"/> |
|                  | Move object to improve accessibility (specify where):                |  |                          |
|                  | Make the following repairs (specify):                                |  |                          |
| Other (specify): |  |  |                          |

***Section B-2: Connections (Trip Generators)***

|           |  |  |  |
|-----------|--|--|--|
| <b>B8</b> | What are the primary trip generators for passengers at this stop? (Check all that apply) |  |  |
|           | Apartments - large building/complex <input type="checkbox"/>                             | Human service agency – what kind? <input type="checkbox"/>   | School –Elementary/Middle <input type="checkbox"/>                     |
|           | Apartments - small building <input type="checkbox"/>                                     | Library <input type="checkbox"/>   | School -High <input type="checkbox"/>                                  |
|           | Townhomes <input type="checkbox"/>   | <u>Major Shopping/employment</u> (Mall, Wal-Mart, Kmart, Target, other big department store) <input type="checkbox"/>          | School - College/University/ Technical school <input type="checkbox"/> |
|           | Detached homes <input type="checkbox"/>  | <u>Neighborhood Shopping</u> (supermarket, drugstore, Goodwill, strip mall with basic needs shopping) <input type="checkbox"/> | Senior center <input type="checkbox"/>                                 |
|           | Day care/pre-school <input type="checkbox"/>   | Nursing home/assisted living <input type="checkbox"/>  | Transfer to other bus routes <input type="checkbox"/>                  |
|           | Gas station <input type="checkbox"/>   | Office building/employment <input type="checkbox"/>  | Transit station/center <input type="checkbox"/>                        |
|           | Government building <input type="checkbox"/>   | Park and Ride lot <input type="checkbox"/>   | Other (Specify): <input type="checkbox"/>                              |
|           | Hospital/major clinic <input type="checkbox"/>   | Place of worship <input type="checkbox"/>  |  |
|           | Hotel <input type="checkbox"/>   | Restaurant <input type="checkbox"/>  |  |

|             |              |                  |
|-------------|--------------|------------------|
| <i>Date</i> | <i>Time:</i> | <i>Surveyor:</i> |
|-------------|--------------|------------------|

**BUS STOP CHECKLIST**

**PART B: PEDESTRIAN ACCESS FEATURES**

|                    |                  |                            |                  |
|--------------------|------------------|----------------------------|------------------|
| <i>Route Name:</i> | <i>Location:</i> | <i>Weather Conditions:</i> | <i>Stop No.:</i> |
|--------------------|------------------|----------------------------|------------------|

|   |   |   |  |   |
|---|---|---|--|---|
| <b>B9</b>   | How wide is the sidewalk?   |   |  |   |
|   | No sidewalk <input type="checkbox"/>  | less than 3' <input type="checkbox"/>                       | 3'-5' <input type="checkbox"/>                             | 5' or greater <input type="checkbox"/> N/A <input type="checkbox"/> |
| <b>B10</b>  | Are there physical barriers that constrict the width of the sidewalk within the block on which the bus stop is located?                     |   |  | Yes No<br><input type="checkbox"/> <input type="checkbox"/>         |
|   | <i>If YES, what is the narrowest useable width:</i>   |   |  |   |
|   | Less than 3' <input type="checkbox"/>   |   | 3' or greater <input type="checkbox"/>                     |   |
| <b>B11</b>  | Rank the condition of the sidewalk:   |   |  |   |
|   | 1 <input type="checkbox"/>  | 2 <input type="checkbox"/>                                  | 3 <input type="checkbox"/>                                 | 4 <input type="checkbox"/> 5 <input type="checkbox"/>               |
|   | <i>1=hazardous – large breaks, cracks, root uplifting, someone could get hurt from normal use or use of a wheelchair would be difficult</i> |   |  |   |
|   | <i>2=in poor shape though not hazardous – very rough, some root uplifting, cracks, breaks</i>   |   |  |   |
|   | <i>3=fair – minor root uplifting, minor cracks or breaks</i>  |   |  |   |
| <i>4=good – not perfect but no immediate repair</i> |   |   |  |   |
| <i>5=cosmetically excellent; new</i>                |   |   |  |   |
| <b>B12</b>  | Does the landing pad connect to the sidewalk?   |   |  | Yes No<br><input type="checkbox"/> <input type="checkbox"/>         |
|   | <i>If YES, what does the sidewalk connect to:</i>   |   |  |   |
|   | One of the trip generators listed in Question B8 <input type="checkbox"/>   |   | The nearest intersection <input type="checkbox"/>          |   |
| <b>B13</b>  | Where is the nearest street crossing opportunity?   |   |  |   |
|   | The nearest intersection <input type="checkbox"/>   |   | Mid-block crosswalk <input type="checkbox"/>               |   |
| <b>B14</b>  | What pedestrian amenities are at the nearest intersection (or other crossing opportunity)?  |   |  |   |
|   | Curb cuts all corners/ both sides <input type="checkbox"/>  | Pedestrian crossing signal <input type="checkbox"/>         | Traffic Light <input type="checkbox"/>                     |   |
|   | Visible crosswalk <input type="checkbox"/>  | Audible crosswalk signal <input type="checkbox"/>           | Crossing guard assistance <input type="checkbox"/>         |   |
|   | Curb cuts at some corners/one side <input type="checkbox"/>   | Accessible Pedestrian Signal (APS) <input type="checkbox"/> | Tactile warning strip on curb cut <input type="checkbox"/> |   |
|   |   |   | Other (specify): <input type="checkbox"/>                  |   |

|             |              |                  |
|-------------|--------------|------------------|
| <i>Date</i> | <i>Time:</i> | <i>Surveyor:</i> |
|-------------|--------------|------------------|

**BUS STOP CHECKLIST**

**PART B: PEDESTRIAN ACCESS FEATURES**

|                    |                  |                            |                  |
|--------------------|------------------|----------------------------|------------------|
| <i>Route Name:</i> | <i>Location:</i> | <i>Weather Conditions:</i> | <i>Stop No.:</i> |
|--------------------|------------------|----------------------------|------------------|

|                  |  |   |  |                          |
|------------------|--|---|--|--------------------------|
| <b>B15</b>       | Is there a companion bus stop across the street?                         | Yes                                       | No                                     | N/A                      |
|                  |  | <input type="checkbox"/>                  | <input type="checkbox"/>               | <input type="checkbox"/> |
| <b>B16</b>       | Are there connections to other transportation services at this bus stop? | Yes                                       | No                                     |                          |
|                  | <i>If YES, check all that apply</i>                                      | <input type="checkbox"/>                  | <input type="checkbox"/>               |                          |
|                  | Bus services, same or other agency <input type="checkbox"/>              | Local Rail <input type="checkbox"/>       | Commuter Rail <input type="checkbox"/> |                          |
|                  | Greyhound <input type="checkbox"/>                                       | Other (Specify): <input type="checkbox"/> |  |                          |
| <b>B17</b>       | Pedestrian connection recommendations:                                   |   |  |                          |
|                  | Construct sidewalk   |   | <input type="checkbox"/>               |                          |
|                  | Widen sidewalk   |   | <input type="checkbox"/>               |                          |
|                  | Improve landing area connections to sidewalk                             |   | <input type="checkbox"/>               |                          |
|                  | Install curb cut(s) at:  |   |  |                          |
|                  | Move object to improve accessibility (specify where):                    |   |  |                          |
|                  | Make the following repairs (specify):                                    |   |  |                          |
| Other (specify): |  |   |  |                          |
| <b>B18</b>       | Additional pedestrian connection comments:                               |   |  |                          |

|             |              |                  |
|-------------|--------------|------------------|
| <i>Date</i> | <i>Time:</i> | <i>Surveyor:</i> |
|-------------|--------------|------------------|

**BUS STOP CHECKLIST**

**PART C: PASSENGER COMFORT AMENITIES**

|                    |                  |                            |                  |
|--------------------|------------------|----------------------------|------------------|
| <i>Route Name:</i> | <i>Location:</i> | <i>Weather Conditions:</i> | <i>Stop No.:</i> |
|--------------------|------------------|----------------------------|------------------|

**PART C: PEDESTRIAN COMFORT AMENITIES**

***Section C-1: Shelters (move to Section C-2 if there is no shelter)***

|           |  |                          |                                      |                          |   |   |         |                          |          |                          |      |
|-----------|--|--------------------------|--------------------------------------|--------------------------|---|---|---------|--------------------------|----------|--------------------------|------|
| <b>C1</b> | What is the orientation of the bus shelter in relation to the street?  |                          |                                      |                          |   |   |         |                          |          |                          |      |
|           | Facing towards the street  |                          |                                      |                          |   | <input type="checkbox"/>                                    |         |                          |          |                          |      |
|           | Facing on-coming traffic   |                          |                                      |                          |   | <input type="checkbox"/>                                    |         |                          |          |                          |      |
|           | Facing away from the street  |                          |                                      |                          |   | <input type="checkbox"/>                                    |         |                          |          |                          |      |
| <b>C2</b> | What kind of shelter is it? Insert shelter relevant to your system.  |                          |                                      |                          |   |   |         |                          |          |                          |      |
|           | Own transit agency   | <input type="checkbox"/> | Another transit agency (shared stop) | <input type="checkbox"/> | Other (Specify): <input type="checkbox"/> |   |         |                          |          |                          |      |
| <b>C3</b> | If non-standard shelter, what are the approximate dimensions (width, height and depth in feet) of the interior standing area?                          |                          |                                      |                          |   |   |         |                          |          |                          |      |
|           | Width:   |                          |                                      |                          |   |   |         |                          |          |                          |      |
|           | Height:  |                          |                                      |                          |   |   |         |                          |          |                          |      |
|           | Depth:   |                          |                                      |                          |   |   |         |                          |          |                          |      |
| <b>C4</b> | Does the shelter have a front center panel (i.e. two openings)?  |                          |                                      |                          |   | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |         |                          |          |                          |      |
|           | <i>If YES, what are the dimensions of the opening?</i>   |                          |                                      |                          |   |   |         |                          |          |                          |      |
| <b>C5</b> | Could a person using a wheelchair maneuver into the shelter?   |                          |                                      |                          |   | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |         |                          |          |                          |      |
| <b>C6</b> | Could a person using a wheelchair fit completely under the shelter (minimum space of a common mobility device is 30 in. by 48 in. (760 mm by 1200mm))? |                          |                                      |                          |   | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |         |                          |          |                          |      |
|           | What are the dimensions of the clear space in the shelter?   |                          |                                      |                          |   |   |         |                          |          |                          |      |
| <b>C7</b> | What is the distance of the front of the shelter from the curb in feet?  |                          |                                      |                          |   |   |         |                          |          |                          |      |
|           | 0 - 2'   | <input type="checkbox"/> | 2' - 4'                              | <input type="checkbox"/> | 4' - 6'                                   | <input type="checkbox"/>                                    | 6' - 8' | <input type="checkbox"/> | 8' - 10' | <input type="checkbox"/> | >10' |

|             |              |                  |
|-------------|--------------|------------------|
| <i>Date</i> | <i>Time:</i> | <i>Surveyor:</i> |
|-------------|--------------|------------------|

**BUS STOP CHECKLIST**

**PART C: PASSENGER COMFORT AMENITIES**

|                    |                  |                            |                  |
|--------------------|------------------|----------------------------|------------------|
| <i>Route Name:</i> | <i>Location:</i> | <i>Weather Conditions:</i> | <i>Stop No.:</i> |
|--------------------|------------------|----------------------------|------------------|

|   |   |                          |   |                          |                          |                          |   |                          |   |                          |
|---|---|--------------------------|---|--------------------------|--------------------------|--------------------------|---|--------------------------|---|--------------------------|
| <b>C8</b>   | Are there damages to the bus shelter?       |                          |   |                          | Yes                      | No                       |   |                          |   |                          |
|   |   |                          |   |                          | <input type="checkbox"/> | <input type="checkbox"/> |   |                          |   |                          |
|   | <i>If YES, check all that apply:</i>        |                          |   |                          |                          |                          |   |                          |   |                          |
|   | Broken panels                               |                          |   |                          | <input type="checkbox"/> |                          |   |                          |   |                          |
|   | Graffiti                                    |                          |   |                          | <input type="checkbox"/> |                          |   |                          |   |                          |
|   | Holes in the roof                           |                          |   |                          | <input type="checkbox"/> |                          |   |                          |   |                          |
|   | Missing panels                              |                          |   |                          | <input type="checkbox"/> |                          |   |                          |   |                          |
| Needs repainting  |   |                          |   | <input type="checkbox"/> |                          |                          |   |                          |   |                          |
| Other (specify):  |   |                          |   | <input type="checkbox"/> |                          |                          |   |                          |   |                          |
| <b>C9</b>   | What is the approximate age of the shelter? |                          |   |                          |                          |                          |   |                          |   |                          |
| <b>C10</b>  | Rank the condition of the shelter:          |                          |   |                          |                          |                          |   |                          |   |                          |
|   | 1   | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3                        | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |
| <i>1=hazardous – broken glass, unstable</i><br><i>2=in poor shape though not hazardous</i><br><i>3=fair – needs repainting, glass panels need thorough cleaning, protruding but not hazardous bolts</i><br><i>4=good – not perfect but no immediate repair need</i><br><i>5=cosmetically excellent; new</i> |   |                          |   |                          |                          |                          |   |                          |   |                          |
| <b>C11</b>  | Additional shelter comments:                |                          |   |                          |                          |                          |   |                          |   |                          |

|             |              |                  |
|-------------|--------------|------------------|
| <i>Date</i> | <i>Time:</i> | <i>Surveyor:</i> |
|-------------|--------------|------------------|

**BUS STOP CHECKLIST**

**PART C: PASSENGER COMFORT AMENITIES**

|                    |                  |                            |                  |
|--------------------|------------------|----------------------------|------------------|
| <i>Route Name:</i> | <i>Location:</i> | <i>Weather Conditions:</i> | <i>Stop No.:</i> |
|--------------------|------------------|----------------------------|------------------|

|            |  |  |                          |
|------------|--|--|--------------------------|
| <b>C12</b> | Shelter recommendations:                               |  |                          |
|            | Remove center panel                                    |  | <input type="checkbox"/> |
|            | Make the following repairs (specify):                  |  | <input type="checkbox"/> |
|            | Move object to improve accessibility (specify where):  |  |                          |
|            | Move shelter to improve accessibility (specify where): |  |                          |
|            | Other (specify):                                       |  |                          |

**Section C-2: Seating Assessment (move to Section C-3 if there is no seating)**

|            |   |                                  |                                  |                                  |                                   |                               |   |
|------------|---|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|-------------------------------|---|
| <b>C13</b> | What is the type of seating available?  |                                  |                                  |                                  |                                   |                               |   |
|            | Bench inside shelter – <b>skip to question C15</b>                                |                                  |                                  |                                  |                                   |                               | <input type="checkbox"/>                                    |
|            | Freestanding bench  |                                  |                                  |                                  |                                   |                               | <input type="checkbox"/>                                    |
|            | Fold down bench   |                                  |                                  |                                  |                                   |                               | <input type="checkbox"/>                                    |
|            | Leaning bench   |                                  |                                  |                                  |                                   |                               | <input type="checkbox"/>                                    |
|            | Other (specify):  |                                  |                                  |                                  |                                   |                               | <input type="checkbox"/>                                    |
| <b>C14</b> | If not inside shelter, what is the distance of the seating from the curb in feet? |                                  |                                  |                                  |                                   |                               |   |
|            | 0 - 2' <input type="checkbox"/>   | 2' - 4' <input type="checkbox"/> | 4' - 6' <input type="checkbox"/> | 6' - 8' <input type="checkbox"/> | 8' - 10' <input type="checkbox"/> | >10' <input type="checkbox"/> |   |
| <b>C15</b> | Are there problems with the seating?  |                                  |                                  |                                  |                                   |                               | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
|            | <i>If YES, check all that apply:</i>  |                                  |                                  |                                  |                                   |                               |   |
|            | Broken pieces   |                                  |                                  |                                  |                                   |                               | <input type="checkbox"/>                                    |
|            | Needs painting  |                                  |                                  |                                  |                                   |                               | <input type="checkbox"/>                                    |
|            | Graffiti  |                                  |                                  |                                  |                                   |                               | <input type="checkbox"/>                                    |
|            | Not securely installed  |                                  |                                  |                                  |                                   |                               | <input type="checkbox"/>                                    |
|            | Other (specify):  |                                  |                                  |                                  |                                   |                               | <input type="checkbox"/>                                    |

|             |              |                  |
|-------------|--------------|------------------|
| <i>Date</i> | <i>Time:</i> | <i>Surveyor:</i> |
|-------------|--------------|------------------|

**BUS STOP CHECKLIST**

**PART C: PASSENGER COMFORT AMENITIES**

|                    |                  |                            |                  |
|--------------------|------------------|----------------------------|------------------|
| <i>Route Name:</i> | <i>Location:</i> | <i>Weather Conditions:</i> | <i>Stop No.:</i> |
|--------------------|------------------|----------------------------|------------------|

|            |  |   |                          |   |                          |   |                          |   |                          |   |
|------------|--|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|
| <b>C16</b> | Rank the condition of the seating:   |   |                          |   |                          |   |                          |   |                          |   |
|            | <table border="1"> <tr> <td>1</td> <td><input type="checkbox"/></td> <td>2</td> <td><input type="checkbox"/></td> <td>3</td> <td><input type="checkbox"/></td> <td>4</td> <td><input type="checkbox"/></td> <td>5</td> <td><input type="checkbox"/></td> </tr> </table> <p> <i>1=hazardous – broken, someone could get hurt from normal use</i><br/> <i>2=in poor shape though not hazardous</i><br/> <i>3=fair – needs repainting, needs cosmetic attention,, protruding but not hazardous bolts</i><br/> <i>4=good – not perfect but no immediate repair need</i><br/> <i>5=cosmetically excellent; new</i> </p> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| 1          | <input type="checkbox"/>   | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 | <input type="checkbox"/> |   |
| <b>C17</b> | Additional seating comments:   |   |                          |   |                          |   |                          |   |                          |   |
| <b>C18</b> | Seating recommendations:   |   |                          |   |                          |   |                          |   |                          |   |
|            | Move seating to improve accessibility (specify where):   |   |                          |   |                          |   |                          |   |                          |   |
|            | Make the following repairs (specify):  |   |                          |   |                          |   |                          |   |                          |   |
|            | Other (specify):   |   |                          |   |                          |   |                          |   |                          |   |

|             |              |                  |
|-------------|--------------|------------------|
| <i>Date</i> | <i>Time:</i> | <i>Surveyor:</i> |
|-------------|--------------|------------------|

**BUS STOP CHECKLIST**

**PART C: PASSENGER COMFORT AMENITIES**

|                    |                  |                            |                  |
|--------------------|------------------|----------------------------|------------------|
| <i>Route Name:</i> | <i>Location:</i> | <i>Weather Conditions:</i> | <i>Stop No.:</i> |
|--------------------|------------------|----------------------------|------------------|

| <b>Section C-3: Trash Assessment (move to Section C-4 if there is no trash receptacle)</b> |  |
|--|--|
| <b>C19</b>   | What is the type of installation for the trash receptacle?   |
|  | Attached to the shelter <input type="checkbox"/>   |
|  | Free standing <input type="checkbox"/>   |
|  | Garbage bag <input type="checkbox"/>   |
|  | Bolted to sidewalk <input type="checkbox"/>  |
| Other (specify): <input type="checkbox"/>  |  |
| <b>C20</b>   | Are there problems with the trash receptacle and surrounding area? <span style="float: right;">Yes No</span> |
|  | <input type="checkbox"/> <input type="checkbox"/>  |
|  | <i>If YES, check all that apply:</i>   |
|  | Trash can very full <input type="checkbox"/>   |
|  | Graffiti at bus stop <input type="checkbox"/>  |
|  | Bus stop littered <input type="checkbox"/>   |
|  | Grocery carts left at stop <input type="checkbox"/>  |
|  | Trash can not securely installed <input type="checkbox"/>  |
| Adjacent property littered <input type="checkbox"/>  |  |
| Other (specify): <input type="checkbox"/>  |  |
| <b>C21</b>   | Additional Comments:   |
| <b>C22</b>   | Trash recommendations:   |
|  | Install trash can due to litter problem <input type="checkbox"/>   |
|  | Make the following repairs (specify):  |
|  | Move trash can to improve accessibility (specify where):   |
| Other (specify):   |  |

|             |              |                  |
|-------------|--------------|------------------|
| <i>Date</i> | <i>Time:</i> | <i>Surveyor:</i> |
|-------------|--------------|------------------|

**BUS STOP CHECKLIST**

**PART C: PASSENGER COMFORT AMENITIES**

|                    |                  |                            |                  |
|--------------------|------------------|----------------------------|------------------|
| <i>Route Name:</i> | <i>Location:</i> | <i>Weather Conditions:</i> | <i>Stop No.:</i> |
|--------------------|------------------|----------------------------|------------------|

| <b>Section C-4: Newspaper Boxes (move to Part D if there are no newspaper boxes)</b> |   |   |
|--|---|---|
| <b>C23</b>   | Are the newspaper boxes a barrier to sidewalk use?        | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
| <b>C24</b>   | Are the newspaper boxes a barrier to bus access/egress?   | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
| <b>C25</b>   | Are they chained to the bus stop pole, shelter, or bench? | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
| <b>C26</b>   | Are they blocking access to posted bus schedule info?     | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
| <b>C27</b>   | Additional newspaper box comments:                        |   |
| <b>C28</b>   | Newspaper box recommendations:                            |   |
|  | Move trash can to improve accessibility (specify where):  |   |
|  | Other (specify):  |   |

|             |              |                  |
|-------------|--------------|------------------|
| <i>Date</i> | <i>Time:</i> | <i>Surveyor:</i> |
|-------------|--------------|------------------|

**BUS STOP CHECKLIST**

**PART D: SAFETY AND SECURITY FEATURES**

|                    |                  |                            |                  |
|--------------------|------------------|----------------------------|------------------|
| <i>Route Name:</i> | <i>Location:</i> | <i>Weather Conditions:</i> | <i>Stop No.:</i> |
|--------------------|------------------|----------------------------|------------------|

| <b>PART D: Safety and Security Features</b>       |   |   |
|---|---|---|
| <b>Section D-1: Traffic and Pedestrian Issues</b> |   |   |
| <b>D1</b>   | Where is the bus stop area located?                                       |   |
|   | In travel lane  | <input type="checkbox"/>                                    |
|   | Bus lane/pull off area  | <input type="checkbox"/>                                    |
|   | Paved shoulder  | <input type="checkbox"/>                                    |
|   | In right turn only lane   | <input type="checkbox"/>                                    |
|   | Unpaved shoulder  | <input type="checkbox"/>                                    |
|   | Off street  | <input type="checkbox"/>                                    |
|   | “No Parking” portion of street parking lane                               | <input type="checkbox"/>                                    |
| Other (specify):                                  | <input type="checkbox"/>  |   |
| <b>D2</b>   | Is the bus stop zone designated as a no parking zone?                     | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
|   | <i>If YES, indicated by:</i>  |   |
|   | One “No Parking” sign   | <input type="checkbox"/>                                    |
|   | 2 or more “No Parking” signs  | <input type="checkbox"/>                                    |
|   | “Bus Only” sign   | <input type="checkbox"/>                                    |
|   | Painted curb  | <input type="checkbox"/>                                    |
|   | Painted street  | <input type="checkbox"/>                                    |
| <b>D3</b>   | Are cars parked between the landing area and the bus stopping area?       | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
| <b>D4</b>   | What is the posted speed limit in MPH?                                    | Not posted<br><input type="checkbox"/>                      |
| <b>D5</b>   | What are the traffic controls at the nearest intersection for the street? |   |
|   | Traffic signals   | <input type="checkbox"/>                                    |
|   | Flashing lights   | <input type="checkbox"/>                                    |
|   | Stop/Yield sign   | <input type="checkbox"/>                                    |
|   | None  | <input type="checkbox"/>                                    |
| Other (specify):                                  | <input type="checkbox"/>  |   |

|             |              |                  |
|-------------|--------------|------------------|
| <i>Date</i> | <i>Time:</i> | <i>Surveyor:</i> |
|-------------|--------------|------------------|

**BUS STOP CHECKLIST**

**PART D: SAFETY AND SECURITY FEATURES**

|                    |                  |                            |                  |
|--------------------|------------------|----------------------------|------------------|
| <i>Route Name:</i> | <i>Location:</i> | <i>Weather Conditions:</i> | <i>Stop No.:</i> |
|--------------------|------------------|----------------------------|------------------|

|   |  |                            |                            |                            |   |  |
|---|--|----------------------------|----------------------------|----------------------------|---|--|
| <b>D6</b>   | How many total lanes are on both sides of the road?                          |                            |                            |                            |   |  |
|   | 1 <input type="checkbox"/>   | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | Other (specify): <input type="checkbox"/> | N/A <input type="checkbox"/>   |
| <b>D7</b>   | Is there on-street parking permitted just before or after the bus stop zone? |                            |                            |                            |   | Yes   No   N/A   |
|   | <i>If YES, what is the length of the "No Parking" area in feet:</i>          |                            |                            |                            |   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <b>D8</b>   | Are there potential traffic hazards?   |                            |                            |                            |   | Yes   No   |
|   | <i>Yes, check all that apply:</i>  |                            |                            |                            |   | <input type="checkbox"/> <input type="checkbox"/>                          |
|   | The bus stop is just over the crest of a hill                                |                            |                            |                            |   | <input type="checkbox"/>   |
|   | The bus stop is just after a curve in the road                               |                            |                            |                            |   | <input type="checkbox"/>   |
|   | The bus stop is near an at-grade railroad crossing                           |                            |                            |                            |   | <input type="checkbox"/>   |
|   | Waiting passengers are hidden from view of approaching bus                   |                            |                            |                            |   | <input type="checkbox"/>   |
|   | A stopped bus straddles the crosswalk  |                            |                            |                            |   | <input type="checkbox"/>   |
|   | Bus stop just before crosswalk   |                            |                            |                            |   | <input type="checkbox"/>   |
|   | High speed traffic   |                            |                            |                            |   | <input type="checkbox"/>   |
|   | No crosswalk   |                            |                            |                            |   | <input type="checkbox"/>   |
| Other (specify)   |  |                            |                            |                            | <input type="checkbox"/>                  |  |
| <b>D9</b>   | Additional traffic safety comments / recommendations:                        |                            |                            |                            |   |  |
| <b>Section D-2: Lighting Assessment (assessment preferably taken in the evening or at night)</b><br><b>Go to Section D-3 if no lighting</b> |  |                            |                            |                            |   |  |
| <b>D10</b>  | What type of lighting is available?  |                            |                            |                            |   |  |
|   | Street light   |                            |                            |                            |   | <input type="checkbox"/>   |
|   | Shelter lighting   |                            |                            |                            |   | <input type="checkbox"/>   |
|   | Outside light on adjacent building   |                            |                            |                            |   | <input type="checkbox"/>   |
| Other (specify):  |  |                            |                            |                            | <input type="checkbox"/>                  |  |

|             |              |                  |
|-------------|--------------|------------------|
| <i>Date</i> | <i>Time:</i> | <i>Surveyor:</i> |
|-------------|--------------|------------------|

**BUS STOP CHECKLIST**

**PART D: SAFETY AND SECURITY FEATURES**

|                    |                  |                            |                  |
|--------------------|------------------|----------------------------|------------------|
| <i>Route Name:</i> | <i>Location:</i> | <i>Weather Conditions:</i> | <i>Stop No.:</i> |
|--------------------|------------------|----------------------------|------------------|

|            |                                    |   |
|------------|------------------------------------|---|
| <b>D11</b> | Does the light produce a glare?    | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
| <b>D12</b> | How even is the light distributed? | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
| <b>D13</b> | Additional comments:               |   |

**Section D-3: Pay Phone**

|            |  |   |
|------------|--|---|
| <b>D14</b> | Is there a pay phone within the immediate vicinity?<br><i>If NO, skip to Question D16.</i> | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
| <b>D15</b> | Is the pay phone within reach of a wheelchair user?  | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
| <b>D16</b> | If no pay phone is provided, is there a police call box?                                   | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
| <b>D17</b> | Additional comments:   |   |

**Section D-4: Landscaping Assessment**

|            |  |   |
|------------|--|---|
| <b>D18</b> | Are there problems with the landscaping around the bus stop?<br><i>If YES, check all that apply:</i> | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
|            | Trees/bushes encroaching on the landing area   | <input type="checkbox"/>                                    |
|            | Trees/bushes encroaching on the sidewalk   | <input type="checkbox"/>                                    |
|            | Tree branches that would hit the bus   | <input type="checkbox"/>                                    |
|            | Other (specify):   | <input type="checkbox"/>                                    |

|             |              |                  |
|-------------|--------------|------------------|
| <i>Date</i> | <i>Time:</i> | <i>Surveyor:</i> |
|-------------|--------------|------------------|

**BUS STOP CHECKLIST****PART D: SAFETY AND SECURITY FEATURES**

|                    |                  |                            |                  |
|--------------------|------------------|----------------------------|------------------|
| <i>Route Name:</i> | <i>Location:</i> | <i>Weather Conditions:</i> | <i>Stop No.:</i> |
|--------------------|------------------|----------------------------|------------------|

|            |                      |
|------------|----------------------|
| <b>D19</b> | Additional comments: |
|------------|----------------------|

**Section D-5: Safety Recommendations**

|            |                               |                          |
|------------|-------------------------------|--------------------------|
| <b>D20</b> | Improve pedestrian safety by: | <input type="checkbox"/> |
|            | Trim trees or branches        | <input type="checkbox"/> |
|            | Move bus stop to:             |                          |
|            | Other (specify):              |                          |

|             |              |                  |
|-------------|--------------|------------------|
| <i>Date</i> | <i>Time:</i> | <i>Surveyor:</i> |
|-------------|--------------|------------------|

**BUS STOP CHECKLIST**

**PART E: INFORMATION FEATURES**

|                    |                  |                            |                  |
|--------------------|------------------|----------------------------|------------------|
| <i>Route Name:</i> | <i>Location:</i> | <i>Weather Conditions:</i> | <i>Stop No.:</i> |
|--------------------|------------------|----------------------------|------------------|

| <b>PART E: Information Features</b> |   |   |
|-------------------------------------|---|---|
| <b>E1</b>                           | Is there a bus stop sign?   | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
|                                     | <i>If NO, move to question E6.</i>  |   |
| <b>E2</b>                           | What provider name is on the bus stop ( <i>list all providers utilizing stop</i> )? |   |
|                                     | Provider 1:   |   |
|                                     | Provider 2:   |   |
|                                     | Provider 3:   |   |
|                                     | Provider 4:   |   |
| <b>E3</b>                           | Are bus routes indicated on the bus stop sign?                                      | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
|                                     | <i>If YES, what routes?</i>   |   |
| <b>E4</b>                           | How is the sign installed?  |   |
|                                     | On its own pole   | <input type="checkbox"/>                                    |
|                                     | On a building   | <input type="checkbox"/>                                    |
|                                     | On a utility pole   | <input type="checkbox"/>                                    |
|                                     | On a shelter  | <input type="checkbox"/>                                    |
|                                     | Other (specify):  | <input type="checkbox"/>                                    |
| <b>E5</b>                           | Are there problems with the signage?  | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
|                                     | <i>If YES, check all that apply:</i>  |   |
|                                     | Sign in poor condition  | <input type="checkbox"/>                                    |
|                                     | Pole in poor condition  | <input type="checkbox"/>                                    |
|                                     | Sign position hazardous to pedestrians  | <input type="checkbox"/>                                    |
|                                     | Sign not permanently mounted  | <input type="checkbox"/>                                    |
|                                     | Lighting on sign is poor  | <input type="checkbox"/>                                    |
|                                     | Other (specify):  | <input type="checkbox"/>                                    |

|             |              |                  |
|-------------|--------------|------------------|
| <i>Date</i> | <i>Time:</i> | <i>Surveyor:</i> |
|-------------|--------------|------------------|

**BUS STOP CHECKLIST**

**PART E: INFORMATION FEATURES**

|                    |                  |                            |                  |
|--------------------|------------------|----------------------------|------------------|
| <i>Route Name:</i> | <i>Location:</i> | <i>Weather Conditions:</i> | <i>Stop No.:</i> |
|--------------------|------------------|----------------------------|------------------|

|            |   |   |
|------------|---|---|
| <b>E6</b>  | Is there route/schedule/map (circle as appropriate) information posted?   | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
|            | <i>If NO please move to question E9.</i>  |   |
| <b>E7</b>  | Where is the route/schedule/map (circle as appropriate) information posted?   |   |
|            | On Pole under bus stop sign   | <input type="checkbox"/>                                    |
|            | On its own pole   | <input type="checkbox"/>                                    |
|            | On a building   | <input type="checkbox"/>                                    |
|            | On a utility pole   | <input type="checkbox"/>                                    |
|            | On a shelter  | <input type="checkbox"/>                                    |
|            | In a shelter  | <input type="checkbox"/>                                    |
|            | Other (specify):  | <input type="checkbox"/>                                    |
| <b>E8</b>  | Is the information at eye level of a wheelchair user?   | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
| <b>E9</b>  | Is there a schedule rack?   | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
|            | <i>If YES, are repairs needed?</i>  | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
| <b>E10</b> | Is there real time information display?   | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
|            | <i>If YES, is it at eye level of a wheelchair user?</i>   | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
| <b>E11</b> | Is signage text ADA compliant (refer to the <i>Toolkit for the Assessment of Bus Stop Accessibility and Safety</i> for guidelines)? | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
| <b>E12</b> | Is information provided in Braille or by a Talking Signs® transmitter for people with visual impairments?                           | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |
| <b>E13</b> | Additional signage & information comments:  |   |
| <b>E14</b> | Signage & information recommendations:  |   |
|            | Make the following repairs:   | <input type="checkbox"/>                                    |
|            | Other (specify):  | <input type="checkbox"/>                                    |

|             |              |                  |
|-------------|--------------|------------------|
| <i>Date</i> | <i>Time:</i> | <i>Surveyor:</i> |
|-------------|--------------|------------------|

**BUS STOP CHECKLIST**

**PART F: DIAGRAMMATIC SKETCH OR PHOTOGRAPH**

|                    |                  |                            |                  |
|--------------------|------------------|----------------------------|------------------|
| <i>Route Name:</i> | <i>Location:</i> | <i>Weather Conditions:</i> | <i>Stop No.:</i> |
|--------------------|------------------|----------------------------|------------------|

**PART F: Diagrammatic Sketch or Photograph**

Sketch or photograph the layout of the bus stop area and any traffic controls. On sketch or photograph, be sure to note locations of:

|                    |                                     |                            |
|--------------------|-------------------------------------|----------------------------|
| Bus stop sign pole | Newspaper boxes                     | Traffic signals/stop signs |
| Other poles        | Anything else installed at bus stop | Railroad tracks            |
| Landing Pad        | Sidewalks                           | Bus stop across the street |
| Shelter            | Sidewalk barriers                   | Heating units in shelters  |
| Bench              | Crosswalks                          | Bike racks                 |
| Trash can          | Curb cuts                           | North/South/East/West      |

|             |              |                  |
|-------------|--------------|------------------|
| <i>Date</i> | <i>Time:</i> | <i>Surveyor:</i> |
|-------------|--------------|------------------|