



TO BE COMPLETED BY RCJTC STAFF

F.01.06.2

STOP LOCATION REVIEW – OBSERVATION FORM

Route #: _____ Location of Stop: _____
Date _____ Date & Time of
RCJTC File #: _____ Received: _____ Observation: _____

Reason for Observation:

- Parent Complaint
- Driver Concern
- Evaluation Review
- Establishing New Stop
- Other: _____

Stop Profile:

Grade Level (if known): Elementary #'s _____ Secondary #'s _____ Combined #'s _____
 Pupil(s) with Special Needs (identify need): _____
Pupil(s) Required to Cross Over: A.M. P.M. Both Neither
Waiting Area (describe): _____

Distance Factors: (5 m from stop sign, 60 m from controlled intersection)

- To corner (group or single) _____
- To stop (group or single) _____
- To / from unusual hazard (sex offender, court order, etc.) _____
- Wheelchair lift zone _____

Access Factors: (walk paths available?)

- Sidewalks _____
- Shoulders of road _____
- Other _____

Traffic Factors:

Visibility to Motorists: (use 8 sec. in 80 km/hr. zone, 5 sec. in 50 km/hr. zone etc.)

- Hill / Grade _____
- Curve _____
- Visible obstruction _____
- Other _____

Traffic Considerations:

- Traffic speed: Posted _____ Observed Actual _____
- Traffic volume: #/min. _____ or #/hr. _____
- Area type: Rural Urban
- Road condition: Paved Gravel Shoulders Sidewalk Curb
- Road width/type: ___ lanes Divided by median Dead end Through crescent Other

Attach sketch of area if necessary.

Outcome: Denied Relocated to: _____

Investigated by: _____ Approved by: _____ Date: _____