School Intersection Roadway Safety Assessment Tool (RSA)

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| Your School Community | Roadway |
| Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  FCCLA Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of FCCLA members participating \_\_\_\_\_  Local Law enforcement participation:  Yes \_\_ No \_\_  School representatives participating (i.e. Administrator, School Resource Officer, PTA etc.):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type of School:  \_\_ Elementary \_\_\_ Middle/High Combined  \_\_ High School \_\_\_ K-12  \_\_ Middle School  Student Transportation:  \_\_ Most Students Drive or Arrive in a Car  \_\_ Most Students Walk or Bike  \_\_ Most Students Arrive in School Buses  Address of Intersection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cross Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How far from your school is this intersection?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Assessment: \_\_\_/\_\_\_/\_\_\_ Time: \_\_ AM \_\_PM | **Google Map Link: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Check all that apply and fill in additional info:**  **Number of lanes: \_\_\_\_\_\_ or \_\_\_ Single lane**  **Intersection type: \_\_\_\_ 3-way \_\_\_ 4-way \_\_\_ Other**  **Visibility: \_\_\_\_ Good \_\_\_\_ Average \_\_\_\_\_ Poor**  **Speed limit: \_\_\_\_\_\_\_\_\_\_\_\_**  **Number of stop signs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Number of stop lights: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Pedestrian crosswalks are painted \_\_ Yes \_\_No**  **Crosswalk signals allow enough time to cross safely**  **\_\_ Yes \_\_No**  **Crossing guards are provided \_\_ Yes \_\_No**  **Adequate lighting is provided \_\_ Yes \_\_No**  **Marked as a school zone \_\_ Yes \_\_No**  **Shoulder or berms that drop off \_\_ Yes \_\_No**  **Observations about driver behavior:**  **Seatbelts were in use \_\_ Yes \_\_No**  **Drivers stop completely at intersection**  **\_\_ Yes \_\_No**  **Drivers wait to make a right turn until pedestrians were no longer in crosswalk \_\_ Yes \_\_No**  **Drivers obeyed speed limit \_\_ Yes \_\_No**  **Some drivers were driving distracted \_\_ Yes \_\_No**  **How safe did you feel at this intersection?**  **(5 being very safe, 1 being unsafe)**  **\_\_5 \_\_4 \_\_3 \_\_2 \_\_\_1**  **List any other safety concerns or comments:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |