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 SchoolStudent 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:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |