

Route Assessment Checklist

Date: _____ **Route Assessed:** _____ **School Year:** _____

This assessment was developed in response to a recommendation from the Premier's 2008 Report on School Bus Safety and is intended to provide a standardized method for the evaluation of school bus route risks. School jurisdictions are responsible for reviewing the identified risks and resolving them where possible in accordance with local best practices and policies. This checklist provides route planners, student transportation management and spare bus operators with additional information on any risks associated with this route.

ASSESSED BY:	Check all that apply:
	Bus Operator: _____ (Name)
	Transportation Staff: _____ (Name)
	Other: _____ (Name)

SUMMARY:	Summarize your findings (attach any additional field notes, photos, etc.):

REVIEWED BY:	To be reviewed by Transportation Director or designate.
	Name: _____
	Position: _____
	Date: _____

Stop locations and routes are NOT to be changed without the approval from Parkland Transportation Services. If you have any suggestions to improve safety or efficiencies prior to making those changes, they must be approved by Parkland Transportation Services.

1. VISIBILITY	<p>Are there poor sight lines or visibility problems on this route or at any stop locations? <i>(e.g. stops located on hills or curves, physical barriers such as trees or buildings, areas with frequent fog)</i></p> <p>If yes, provide a location, explanation of risk and comments:</p>	Yes	No
2. HIGHWAY STOPS	<p>Are there any primary or secondary highway stops of concern on this route? <i>(e.g. high traffic volume, poor visibility, frequent red light infractions)</i></p> <p>If yes, provide a location, explanation of risk and comments:</p>	Yes	No
3. DROP OFF / PICK UP	<p>Are there any drop off or pick up locations including school sites that have insufficient space for the safe loading and unloading of passengers? <i>(e.g. crowded stops, inadequate signage)</i></p> <p>If yes, provide a location, explanation of risk and comments:</p>	Yes	No
4. TURNAROUNDS	<p>Are there any turnarounds that are a concern or unsafe as defined in the S Endorsement Manual? <i>(e.g. poor visibility for oncoming traffic, obstacles, driveway width and grade, winter snow removal)</i></p> <p>If yes, provide a location, explanation of risk and comments:</p>	Yes	No
5. CROSSINGS	<p>Are there poor sight lines or visibility problems on this route or at any stop locations? <i>(e.g. stops located on hills or curves, physical barriers such as trees or buildings, areas with frequent fog)</i></p> <p>If yes, provide a location, explanation of risk and comments:</p>	Yes	No

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6. ROAD STRUCTURE	<p>Are there any roadways on this route where the road structure, width or height is inadequate for the safe passage of the bus? (e.g. uneven road surface, road heaves, narrow roads, sharp shoulders) If yes, provide a location, explanation of risk and comments:</p>	Yes	No
7. VARIABLE RISKS	<p>Are there any non-weather-related variable risks on this route? (e.g. frequent wildlife on the road, long term construction projects) If yes, provide a location, explanation of risk and comments:</p>	Yes	No
8. WEATHER RISKS	<p>Are there any weather-related variable risks on this route? (e.g. fog, drifting snow, icy patches) If yes, provide a location, explanation of risk and comments:</p>	Yes	No
9. CANCELLATION POLICY	<p>Does your school authority have an inclement weather / bus cancellation policy? Are you familiar with it? Does it allow bus operators to make route adjustments to address any weather-related safety issues while on route? Provide additional comments below:</p>	Yes	No
10. SAFETY CONCERNS	<p>Do you have any other safety concerns regarding this route? If yes, provide additional comments below:</p>	Yes	No

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