

Intersection:

Time of Audit:

Municipality:

Date and Day of Week:

Audit Conducted By (Name):

Weather Conditions:



CRCOG **CAPITOL REGION
COUNCIL OF GOVERNMENTS**
Working together for a better region.



A. TRAIL FACILITIES

1. What is the trail surface made from?

Dirt/Soil	Gravel	Cement	Asphalt
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How would you rate the condition of the trail? (please circle a number)

1	2	3	4	5
Unlevel rough surface, almost impassable	Minor bumps & divots, could use some repair			Excellent surface: smooth and level

3. Are there obstructions blocking the sidewalk? (check all that apply)

Branches/brush	Rocks	Bollards	Cones	Other:
<input type="checkbox"/>				

4. Is the trail wide enough for users to walk or ride comfortably and pass one another?

<u>Yes</u>	<u>No</u>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

5. Do you see trail users?

.....

Overall, how are the trail facilities?
(please circle a number)

1	2	3	4	5
awful	poor	fair	good	great

NOTES

B. INTERSECTIONS

1. Are there traffic controls for trail users at this crossing?
(check all that apply)

Yes No

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Stop sign

Yield sign

Signal light or button



Painted crosswalk

Other:

2. Are there traffic controls for intersecting road users?
(check all that apply)

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Stop sign

Yield sign (on pole)

Yield sign (in road)

Traffic light



Other:

3. Is there wayfinding signage? (check all that apply)

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Intersecting street name

Nearby amenities

Nearby town or city

Map of current location

4. Do motorists seem to respect crossing trail users?

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5. Is there a median/refuge at large (≥ 4 lanes) intersections?

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6. Do trail users have a clear view of traffic when waiting to cross? (free from foliage, signs, etc.)

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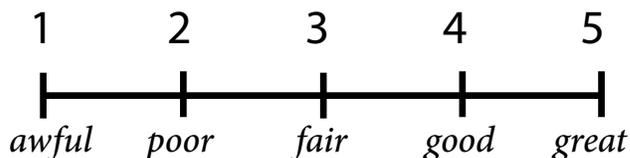
7. Do motorists have a clear view of users waiting to cross?

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8. What is the greatest number of motor vehicle travel lanes one must cross? (please write in box)

.....

Overall, how are the intersections?
(please circle a number)



NOTES

C. TRAIL CHARACTERISTICS & LAND USE

1. Do cyclists respect pedestrians? (slowing down to pass, audibly indicating presence with voice/bell)

<i>Yes</i>	<i>No</i>

2. What is located next to the trail surface?

Grass	Trees or Brush	Ditch	Water or mud	Road surface
□	□	□	□	□

3. What uses are present within view of the trail? (check all that apply)

	Natural Areas		Agricultural		Recreation or park
	Business/Commercial		School		Street
	Other: _____				

Housing
(check all that apply)

Single family	Multi family	Apartment building	≥4 story apartment
			
□	□	□	□

4. Are there pedestrian connections or paths to nearby land uses?

5. Are there bicycle connections or paths to nearby land uses?



How would you feel about walking here?
(please circle a number)

1	2	3	4	5
awful	poor	fair	good	great

How would you feel about cycling here?
(please circle a number)

1	2	3	4	5
awful	poor	fair	good	great

NOTES

D. ENVIRONMENT

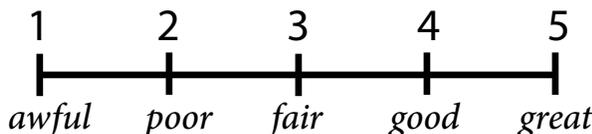
SAFETY

1. Are there lights?
2. Are there people loitering or engaging in illegal activity?
3. Are there people engaging in normal activities?
4. Are there unleashed dogs?
5. Are there guard rails or fences?
6. Is there garbage on the ground?

<i>A little/ few</i>	<i>A lot/ many</i>	<i>No</i>

.....

Does the trail seem safe for pedestrians and cyclists?
(please circle a number)



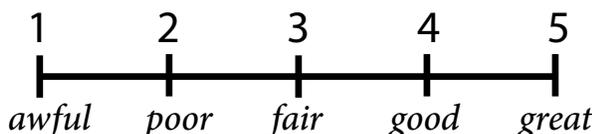
AMENITIES

1. Is there public art? (murals, sculptures, musicians)
2. Are there benches?
3. Are there landscaped areas?
4. Is there bicycle parking along trail or at car parking areas?
5. Are there water fountains?
6. Are there informational displays or maps along the trail?
7. Are there trash cans or recycling bins?
8. Are there trail signs or mile markers?
9. Are there restrooms along the trail or at parking areas?

<i>A little/ few</i>	<i>A lot/ many</i>	<i>No</i>

.....

How are the amenities provided along the trail?
(please circle a number)



NOTES

E. REFERENCES

NOTES

