EVALUATION: School Bus Stop Areas for Student Pickup/Discharge

School district personnel may use this form for evaluating local school bus route service to assure all conditions are the safest possible for student school bus transportation. *(Do not submit to the SDE.)*

Date:__________ City:____________________ District Name: ____________________________

Person Conducting Evaluation:__________________________ Bus Number: ________________

Route: __________ Bus Stop Location: ____________________________

Use the answers to the following questions to guide you in determining the best bus stop location for your students. Very few school bus stops will comply with all of the ideal characteristics listed below. In spite of that, attempt to balance the conditions of each stop to provide the optimum level of safety.

Ideally the following answers will be yes;

1. Does this bus stop location allow all approaching drivers a **clear vision area** of at least 500 feet, about 1 ½ blocks, to allow traffic to stop safely? ____________________________

2. Is there a **vehicle pull---out** area at this bus stop location? ____________________________

3. Is the designated student waiting area a **safe distance from traffic**? ____________________________

4. Is this bus stop area **well---lighted**? ____________________________

5. Are **signs** posted to advise motorists of a school bus stop area? ____________________________

6. Is the **speed limit posted** at/near this bus stop area? ____________________________

Ideally the following answers will be no;

7. Is this bus stop area at/near a busy **intersection**? How close? ____________________________

8. Does the bus stop area have a **registered sex---offender** living within 2000 feet of a school bus stop area? ____________________________

9. Do the students have to **cross a street** to board or exit the bus at this location? ____________________________

10. Do students have to cross **multiple---lane streets** to get to the bus stop area? ____________________________

11. Is there evidence of **illegal drug or gang activity** near this school bus stop? ____________________________
EVALUATION: Traffic and Road Condition

School district personnel may use this form for evaluating local school bus routes to assure all conditions are the safest possible for student school bus transportation. This report should be shared with local city and county road authorities as needed. (Do not submit to the SDE.)

Date: __________ City: ____________________ District Name: ____________________________

Person Conducting Evaluation: ___________________________ Bus Number: __________

Route: __________ Bus Stop Location(s): __________________________________________________

1. Traffic flow on this route. Morning: Light_____ Moderate_____ Heavy_____Varies_____
   Afternoon: Light_____ Moderate_____ Heavy_____Varies_____ Comments:____________________

2. Condition of roads on this route.
   Dirt Roads: Poor_____ Fair_____ Good_____ Comments: __________________________
   Location: ______________________________________________________________

   Gravel Roads: Poor_____ Fair_____ Good_____ Comments: __________________________
   Location: ______________________________________________________________

   Paved Roads: Poor_____ Fair_____ Good_____ Comments: __________________________
   Location: ______________________________________________________________

3. Additional hazardous road surface conditions and locations. _______________________________

4. Can width of all roads accommodate two oversized vehicles (i.e. two school buses)? Yes____ No____
   Location of the narrow roads: _________________________________________________

5. Is adequate road area provided for school bus “emergency evasive maneuvers?” Yes____ No____
   Location of problem areas: _________________________________________________

6. Is visibility adequate when the bus approaches narrow bridge? Not applicable____ Yes____ No____
   If no, indicate location of the hazard. ___________________________________________

7. Is the “maximum weight allowed” posted on all bridges on this route? Yes____ No____
   Is it safe for a school bus at full passenger capacity to travel over? Yes____ No____
   Problem bridge locations: ________________________________________________

8. List additional road conditions on the route you consider hazardous (steep downgrade, sharp turn, etc.)
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________

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EVALUATION: Intersections

School district personnel may use this form for evaluating local school bus routes to assure all conditions are the safest possible for student school bus transportation. (Do not submit to the SDE.)

Date: __________ City: ___________________ District Name: __________________________

Person Conducting Evaluation: ___________________ Bus Number: __________

Route: __________ Bus Stop Location(s): __________________________

(A) Intersection Location:
1. Are traffic control devices present? No _____ Yes _____ Describe type __________________________

2. Are there obstructions to bus driver’s visibility at this intersection? No_____ Yes _____
   Describe: __________________________

3. Traffic flow at school bus route times: (a.m.) Light____ Moderate____ Heavy____ Varies____
   (p.m.) Light____ Moderate____ Heavy____ Varies____

(B) Intersection Location:
1. Are traffic control devices present? No _____ Yes _____ Describe type __________________________

2. Are there obstructions to bus driver’s visibility at this intersection? No_____ Yes _____
   Describe: __________________________

3. Traffic flow at school bus route times: (a.m.) Light____ Moderate____ Heavy____ Varies____
   (p.m.) Light____ Moderate____ Heavy____ Varies____

(C) Intersection Location:
1. Are traffic control devices present? No _____ Yes _____ Describe type __________________________

2. Are there obstructions to bus driver’s visibility at this intersection? No_____ Yes _____
   Describe: __________________________

3. Traffic flow at school bus route times: (a.m.) Light____ Moderate____ Heavy____ Varies____
   (p.m.) Light____ Moderate____ Heavy____ Varies____
School district personnel may use this form for evaluating local school bus routes to assure all conditions are the safest possible for student school bus transportation. (Do not submit to the SDE.)

Date: __________ City: __________________________ District Name: ________________________________

Person Conducting Evaluation: ____________________________ Bus Number: _____________

Route: ________ Bus Stop Location(s): __________________________

________________________________________________________________________________________

(A) Location of Turnabout: __________________________

1. Is there a sight--distance of at least 500 feet to allow traffic to stop safely? Yes ___ No ___

2. Is there adequate area/space to safely back the bus from the roadway? Yes ___ No ___

3. Are all students required to remain inside the bus during backing procedures? Yes ___ No ___

4. Are there traffic signs posted to warn approaching traffic of the turnabout? Yes ___ No ___

5. Is a speed limit posted at turnabout location? Yes ___ No ___ What is the speed limit? ________

(B) Location of Turnabout: __________________________

1. Is there a sight--distance of at least 500 feet to allow traffic to stop safely? Yes ___ No ___

2. Is there adequate area/space to safely back the bus from the roadway? Yes ___ No ___

3. Are all students required to remain inside the bus during backing procedures? Yes ___ No ___

4. Are there traffic signs posted to warn approaching traffic of the turnabout? Yes ___ No ___

5. Is a speed limit posted at turnabout location? Yes _____ No _____ What is the speed limit? ________
EVALUATION: Railroad Crossings on School Bus Routes

School district personnel may use this form for evaluating local school bus routes to assure all conditions are the safest possible for student school bus transportation. (Do not submit to the SDE.)

Date: __________ City: __________________________ District Name: __________________________

Person Conducting Evaluation: __________________________ Bus Number: __________________________

Route: __________ Bus Stop Location(s): __________________________

________________________________________________________________________________________

(A) Location of Railroad Crossing __________________________ Crossing Number __________

1. Is there sufficient distance between the railroad crossing and advanced warning sign? __________
2. Is your vision obstructed from seeing the railroad crossing signs? __________________________
3. Are the railroad markings on the pavement clearly visible? __________________________
4. Are the railroad signs clearly visible (cross---bucks)? __________________________
5. Are the railroad caution devices working (cross---bucks, lights, gates, and/or bells)? __________
6. When stopped fifteen (15) feet from the nearest rail, is there an unobstructed sight distance of at least one thousand (1000) feet in both rail directions? __________________________
7. Are there multiple rail tracks at this crossing? ______ If yes, are all rail tracks clearly visible? __________
8. If rail is parallel to roadway, is area adequate to stop the bus without interfering with traffic? __________________________

________________________________________________________________________________________

(B) Location of Railroad Crossing __________________________ Crossing Number __________

1. Is there sufficient distance between the railroad crossing and advanced warning sign? __________
2. Is your vision obstructed from seeing the railroad crossing signs? __________________________
3. Are the railroad markings on the pavement clearly visible? __________________________
4. Are the railroad signs clearly visible (cross---bucks)? __________________________
5. Are the railroad caution devices working (cross---bucks, lights, gates, and/or bells)? __________
6. When stopped fifteen (15) feet from the nearest rail, is there an unobstructed sight distance of at least one thousand (1000) feet in both rail directions? __________________________
7. Are there multiple rail tracks at this crossing? ______ If yes, are all rail tracks clearly visible? __________
8. If rail is parallel to roadway, is area adequate to stop the bus without interfering with traffic? __________________________