

## **Hazardous Walking Site Review Checklist**

(To assist in determining eligibility for school transportation based on hazardous walking conditions, in accordance with section 1006.23, Florida Statutes)

<u>YES</u>	<u>NO</u>	Walkways Parallel To The Road		
		1. Is the location in a residential area with little or no traffic? Is the location in a residential area and on a road or street that is not used as a major artery or cutthrough?		
		2. Is the location on a road where the traffic volume is fewer than 180 vehicles per direction per hour at 6 - 9 a.m. and 2 - 4 p.m.?		
		3. Is the area located in a residential area and on a road that has a posted speed limit of 30 miles per hour or less?		
		2 or 3 is "YES," the area does not qualify as a hazardous walking location. 2 and 3 are all "NO," continue to next question.		
If the pos	ted speed li	mit is less than 50 mph:		
		4. Is there an area at least four feet wide with a "surface upon which students may walk" that prevents the students from having to walk on the road?		
		Note: The surface does not have to be a sidewalk, but may be simply a surface upon which the students may walk. Weeds, tall grass or flooding may be temporary maintenance problems that do not constitute a hazardous walking area. A walking surface does not include drainage ditches, sluiceways, swales or channels. A paved area contiguous with the paved roadway or extended shoulder (also known as a "breakdown lane"), with no separation from the driving area or raised curb, is <u>not</u> a walkway.		
If the pos	ted speed li	mit is 50 mph or greater:		
		5. Is the road uncurbed with a four-foot wide walking surface (as defined in #4) separated from the road by an additional three or more feet?		
		6. Is the road curbed with at least a four-foot wide walking surface (as defined in #4)?		
* If the ar	nswer to 4, 5	5 or 6 is "YES," the area does not qualify as a hazardous walking surface.		
Location (	Code (for loc	cal use)		



## **Walkways Crossing Over The Road**

(When students must cross the road)

		rolled crossing site" (no crossing guard, traffic enforcement officer, stop sign or other gnal present during student walk times):
<u>YES</u>	<u>NO</u>	
		1. Does the traffic volume exceed 360 vehicles per direction, per hour (either direction, including all lanes in each direction)?
		2. Does the road have a posted speed limit of 50 MPH or greater?
		3. Does the road have six or more lanes (not including turning lanes)?
	swers to a	all of the above questions are "NO," the area does not qualify as a hazardous walking
surface. * If the an surface.	swer to ar	ny of the above questions is "YES," the area would qualify as a hazardous walking
		ion or crossing site controlled by a stop sign or other traffic control signal, <u>without</u> or traffic enforcement officers during the times students must walk:
		4. Does the total traffic volume (total in both directions) exceed 4,000 vehicles per hour?
* If the an	swer is "N	NO," the area does not qualify as a hazardous walking surface.
•		or other crossing site <u>with</u> a crossing guard or other traffic enforcement officer does hazardous walking location, regardless of the posted speed limit.
D. Comm	ents/Notes	s/Diagrams:
Location C	ode (for lo	ocal use)



## **Hazardous Walking Site Authorization and Signature Verification**

School District:		Site Review Date:							
Hazard Location:									
Hazard Location is: Paralle	el to the road Traff	ic Count:							
Crossin	ng over the road Traff	ic Count:							
Hazard Jurisdiction: Munic	ipal (Identify:	)	County	State					
Has a letter of determination been requested from the jurisdiction to indicate a correction date?YesNo									
Permanent Hazard? Yes No If no, anticipated correction date:									
School District Representative:  Print Name Signature									
	Triu ivane								
Roadway Jurisdiction Representative:  Print Name Signature									
Agency/Entity:	7	J.g.i.iii.ii							
Law Enforcement Representative:									
Agency/Entity:	Print Name	Signature							
Email:		Phone:							
Metropolitan Planning Organization Representative:									
(If applicable) Agency/Entity:	Print Name	Signature		·					
Email:		Phone:							
			-						

Location Code (for local use)