



Accessible Pedestrian Signals (APS) Study Report Form

| | | |
|--|--------|---------------|
| Intersection: | | |
| *Field Study Date: | *Time: | *Day of Week: |
| *Weather Conditions | | |
| Investigator(s): | | |
| Specific Needs of Requesting Party: | | |
| <p>A. First Tier Criteria (check all that apply)</p> <input type="checkbox"/> 1. Sidewalks not present or would not be installed concurrently with APS <input type="checkbox"/> 2. Pedestrian crosswalks are in an area with ambient noise above 100 dB <input type="checkbox"/> 3. Installation of APS requires upgrade to controller cabinet and a larger controller cabinet would be infeasible due to right of way constraints | | |
| <p>If any of the boxes in Section A above are selected, the APS Study is complete and APS should not be used at the subject intersection.</p> | | |
| <p>B. Second Tier Criteria (check all that apply)</p> <input type="checkbox"/> 1. Traffic generators within 2 blocks of the intersection that serve the visually impaired Traffic generator(s): _____ <input type="checkbox"/> 2. Exclusive pedestrian phase, leading pedestrian interval, or pedestrian phase not concurrent with parallel through movement <input type="checkbox"/> 3. Visually impaired pedestrian users either present or anticipated if APS is provided <input type="checkbox"/> 4. Intersection is in a city or town that uses or will use APS at all pedestrian signals | | |
| <p>If any of the boxes in Section B above are selected, the APS Study is complete and APS should be used at the subject intersection.</p> | | |
| <p>C. Third Tier Criteria (check all that apply)</p> <input type="checkbox"/> 1. Presence of at least one traffic generator within 2 blocks with use by the visually impaired confirmed by an appropriate source (use additional sheets if necessary): Traffic generator: _____ Demand Confirmed: <input type="checkbox"/> Traffic generator: _____ Demand Confirmed: <input type="checkbox"/> Traffic generator: _____ Demand Confirmed: <input type="checkbox"/> Traffic generator: _____ Demand Confirmed: <input type="checkbox"/> <input type="checkbox"/> 2. Previous requests for APS? Previous requestor(s): _____ Date(s): _____ Previous requestor(s) still reside in vicinity <input type="checkbox"/> <input type="checkbox"/> 3(a). Daytime hourly volume on minor street less than 120 vehicles per hour for any hour during the day <input type="checkbox"/> 3(b). Right turn on red volumes exceed 90 vehicles for any approach for any hour <input type="checkbox"/> 4. Split phasing or protected left turn phasing <input type="checkbox"/> 5(a). Crosswalk lengths (check if any length is more than 40 ft) North Leg _____ East Leg _____ South Leg _____ West Leg _____ <input type="checkbox"/> 5(b). Skewed Crossing? (attach aerial photo of intersection with study) <input type="checkbox"/> 5(c). Curb ramp radius > 25 ft for any ramp at the location <input type="checkbox"/> 5(d). Curb ramp not aligned with crosswalk direction | | |

* Applicable only when field work is performed.

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C. Third Tier Criteria (continued):

- 5(e). Median greater than 4 ft wide?
Median width: _____
- 5(f). Crosswalk slope greater than 5%?
Crosswalk transverse slope: _____
- 5(g). Speed limit greater than 40 mph on any approach
North Leg _____ East Leg _____
South Leg _____ West Leg _____
- 6. Bike lanes, shared use path, etc., present
- 7. APS Present at Adjacent Intersections?
- 8. Other relevant factors (pedestrian crashes, channelized right-turn lane with yield control, etc):

Please describe: _____

For Section C, if study is being performed at the request of the public and any of the other criteria (items 3 through 8) are satisfied then APS should be used at the subject intersection. For studies performed as part of construction project planning if either box 1 or box 2 are selected and any one of boxes 3 through 8 are selected, APS **should** be used. APS **may** be used if any one box in line C is selected.

D. Additional Comments:

E. Recommendations: (if APS is not recommended, provide an explanation and attach additional sheets or pictures if necessary)

APS Recommended APS Not Recommended

F. Signatures:

Date

Title: _____ (typically designer or district investigations engineer)

Date

Title: _____ (typically project manager or district traffic engineer)