

## Transportation Capital Project Complete Streets Checklist

4.3B

Project Name \_\_\_\_\_

Project Description/Project Type: \_\_\_\_\_

Project Extents: From \_\_\_\_\_ To \_\_\_\_\_

Project Manager \_\_\_\_\_

Start date \_\_\_\_\_ Anticipated construction date \_\_\_\_\_

### Planning/Scoping Phase

Date completed \_\_\_\_\_

#### Land Use Context

1. How is the surrounding land use context characterized? Please refer to the typology map (Figure 1) included in the Complete Streets Design Guidelines.

☐ urban      ☐ suburban      ☐ rural  
☐ industrial

2. What are the adjacent land uses (check all that apply)?

☐ office/retail/mixed use    ☐ parks / open space    ☐ industrial  
☐ residential    ☐ civic / institutional    ☐ other \_\_\_\_\_

3. (MTC) What are the major trip generators in the corridor, if any? (existing and future)

a) Schools	<input type="checkbox"/> yes	<input type="checkbox"/> no
b) Major employers	<input type="checkbox"/> yes	<input type="checkbox"/> no
c) Civic/community destinations	<input type="checkbox"/> yes	<input type="checkbox"/> no
d) Medium to high-density residential	<input type="checkbox"/> yes	<input type="checkbox"/> no
e) Senior centers/healthcare facilities	<input type="checkbox"/> yes	<input type="checkbox"/> no
f) Daily needs (grocery, retail, etc)	<input type="checkbox"/> yes	<input type="checkbox"/> no
g) Other _____		

#### Modal Priority

4. Based on the modal priority maps (Figures 2 and 3 from the Design Guidelines), list the modal priorities on the street (*Note: local streets are not included in the map*):

Auto	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Bicycle	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Pedestrian	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Transit	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Trucks	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other

5. Complete Streets: Check if any of these modes don't need to be served (if any modes are checked, include explanatory note)

☐ auto    ☐ bicycle    ☐ pedestrian    ☐ transit    ☐ trucks

Note: \_\_\_\_\_

6. Functional classification (arterial, collector, local) or typology:\_\_\_\_\_

8. On-street parking utilization (if known)

## 9. User volumes

Motor Vehicle (AADT)	Heavy Vehicle %	Pedestrian Volumes	Bicycle Volumes	Buses / hour (during peak hour)

13. Are there any "unmovable encroachments" (e.g. buildings, masonry walls, etc.) in the public right-of-way? If yes, describe.

14. Is there a future width line (Alameda County)? If yes, specify the width.

☐yes   ☐no   width\_\_\_\_\_

**Existing Conditions**

**Sidewalk / Curb Zone Features**

- ☐ bike parking
- ☐ street furniture
- ☐ sidewalk lighting
- ☐ street trees
- ☐ bus stops
- ☐ other \_\_\_\_\_
- ☐ none

**Bike Facility**

- ☐ sharrow
- ☐ bike lane
- ☐ buffered bike lane
- ☐ protected bike lane
- ☐ none

**On-Street Parking**

- ☐ diagonal front-in
- ☐ diagonal back-in
- ☐ parallel
- ☐ accessible parking
- ☐ none

**Median Type**

- ☐ Concrete / Raised
- ☐ Striped w/ turn lanes
- ☐ TWLTL
- ☐ Landscape
- ☐ none

**Bike Facility**

- ☐ sharrow
- ☐ bike lane
- ☐ buffered bike lane
- ☐ protected bike lane
- ☐ none

**Sidewalk / Curb Zone Features**

- ☐ bike parking
- ☐ street furniture
- ☐ sidewalk lighting
- ☐ street trees
- ☐ bus stops
- ☐ other \_\_\_\_\_
- ☐ none

**On-Street Parking**

- ☐ diagonal front-in
- ☐ diagonal back-in
- ☐ parallel
- ☐ accessible parking
- ☐ none

**Insert Width Measurements**

Side-walk

Curb / Buffer

Park / Bike

Park / Bike

Travel Lanes

Median

Travel Lanes

Park / Bike

Park / Bike

Curb / Buffer

Side-walk

Curb-to-curb \_\_\_\_\_

Back-of sidewalk to back-of sidewalk \_\_\_\_\_

Right-of-way \_\_\_\_\_

Sidewalk condition: ☐ good ☐ fair ☐ poor

Walkway type: ☐ AC ☐ dirt ☐ PCC

Pavement condition: ☐ good ☐ fair ☐ poor PCI? \_\_\_\_\_

Sidewalk condition: ☐ good ☐ fair ☐ poor

Walkway type: ☐ AC ☐ dirt ☐ PCC

## Existing Challenges

15. Safety/collision data for past five years from SWITRS collision database  
(20\_\_\_\_ to 20\_\_\_\_)

Total crashes	Fatalities	Severe Injuries	Collisions involving bicycles	Collisions involving pedestrians

- a. Are any collision types over-represented? \_\_\_\_\_
- b. Are there collisions of types that may be correctable by infrastructure countermeasures? ☐ unsafe speeds  
☐ right hook collisions ☐ left turn broadside ☐  
 failure to yield ☐ door zone collisions  
☐ other \_\_\_\_\_

16. Are any of the following existing challenges present in the project area?

a. (MTC) Pedestrian

- |                    |  |
|--------------------|--|
| Striping/Crossings | <input type="checkbox"/> Low yielding compliance at midblock crossing locations  |
|                    | <input type="checkbox"/> Low yielding compliance at right turn on red locations  |
|                    | <input type="checkbox"/> Poorly marked or low visibility crosswalks  |
|                    | <input type="checkbox"/> Major trip generator or bus stop not served by crosswalk  |
|                    | <input type="checkbox"/> Wide crossing distances (e.g. greater than ____ feet)   |
|                    | <input type="checkbox"/> Intersection legs without crosswalks  |
|                    | <input type="checkbox"/> Infrequent crossing opportunities (e.g. more than ¼ mile)   |
|                    | <input type="checkbox"/> Uncontrolled crossings of high speed or high volume roadways  |
| Signals            | <input type="checkbox"/> Insufficient pedestrian crossing time   |
|                    | <input type="checkbox"/> Signal cycle lengths resulting in long crossing delay for pedestrians (e.g. cycle length of ____ sec) |
|                    | <input type="checkbox"/> Missing push buttons  |

- |                       |   |
|-----------------------|---|
| Sidewalk Construction | <input type="checkbox"/> Missing countdown signals  |
|                       | <input type="checkbox"/> Missing curb ramps   |
|                       | <input type="checkbox"/> Insufficiently sized median refuges or medians that do not extend to crosswalk     |
|                       | <input type="checkbox"/> Obstructions or “pinch points” in sidewalk clear width                             |
|                       | <input type="checkbox"/> Missing sidewalks or sidewalk gaps   |
|                       | <input type="checkbox"/> Utility boxes, signage, or street furniture obstructing the natural walking path   |
|                       | <input type="checkbox"/> Lack of pedestrian-scale lighting or insufficient illumination of pedestrian realm |
|                       | <input type="checkbox"/> Other _____  |

b. (MTC) Bicycle

- |                    |   |
|--------------------|---|
| Striping/Crossings | <input type="checkbox"/> Left turns involve merging across multiple lanes or high speed traffic           |
|                    | <input type="checkbox"/> Unmarked door zone   |
|                    | <input type="checkbox"/> Missing bike lane striping, pavement marking, or signage                         |
|                    | <input type="checkbox"/> Bike lanes on the outside of right turn pockets                                  |
|                    | <input type="checkbox"/> Bike lanes between through lane and right turn pockets for greater than 200 feet |
|                    | <input type="checkbox"/> Uncontrolled crossings of high speed or high volume roadways                     |
| Signals            | <input type="checkbox"/> Insufficient crossing time   |
|                    | <input type="checkbox"/> Missing or unmarked bicycle detection  |
| Roadside           | <input type="checkbox"/> No/insufficient bicycle parking  |
|                    | <input type="checkbox"/> Storm drains or gutter pans in bicycle lane that are not bicycle compatible      |
|                    | <input type="checkbox"/> Other _____  |

c. Transit

Operational

- ☐ Unnecessary pull-outs
- ☐ Buses experience delays pulling into traffic from stops
- ☐ Frequent bus/bike weaving
- ☐ Intersections that take multiple cycles for bus to clear
- ☐ Insufficiently wide curb lanes

Stop location

- ☐ Bus stops not adequate in length to accommodate buses on route during peak hour
- ☐ Low ridership or redundant stops that could be consolidated
- ☐ Nearside stops that could be moved to farside

Stop Design

- ☐ Stops without benches or shelters
- ☐ Insufficient space for door landing at stops
- ☐ Higher ridership stops lacking amenities

☐ Other \_\_\_\_\_

d. Truck/Commercial Vehicle/Large Vehicle/Curb Management

- ☐ Frequent double parking activity
- ☐ Off-tracking into opposing travel lane
- ☐ Off-tracking onto curb
- ☐ Insufficient lane widths
- ☐ Missing or damaged route signage

☐ Other \_\_\_\_\_

e. General

- ☐ Slip lanes
- ☐ Driving at unsafe speeds
- ☐ Wide turning radii not justified by frequent buses or other large vehicles
- ☐ Wide travel lanes not justified by frequent transit or other

large vehicles

- ☐ Vehicle volume significantly less than capacity
- ☐ Obstructed sight lines (parked cars, utility boxes, trees, vertical curves)
- ☐ Skewed intersections that can be “teed up”
- ☐ Other \_\_\_\_\_

Notes:

## Plans, Policies, Guidelines, and Standards

### 17. What are **relevant ongoing or existing plans**?

Plan	Jurisdiction	Identified Needs			
		(MTC) Ped	(MTC) Bike	Transit	Vehicular
<i>Bicycle and Pedestrian Master Plan</i>	San Leandro				
<i>San Leandro General Plan</i>	San Leandro				
<i>Downtown San Leandro TOD Strategy</i>	San Leandro				
<i>East 14<sup>th</sup> Street South Area Development Strategy</i>	San Leandro				
<i>Next Generation Workplace Districts</i>	San Leandro				
<i>North Area Specific Plan and Revitalization Manual</i>	San Leandro				

### 18. (MTC) Relevant **policies, design standards and guidelines**

- *Complete Streets Policy Resolution*
- *Complete Streets Design Guidance*
- *Neighborhood Traffic Calming Program Handbook*
- *Downtown Design Guidelines and Principles*

Have all applicable design standards for bicycle/pedestrian facilities been followed? ☐ yes ☐ no

### External Agency/Stakeholder Coordination

#### 19. List agencies requiring coordination:

Agency	Has coordination occurred? Note any issues that are outstanding.
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no

## Internal Department Coordination

20. Note internal departments requiring coordination:

Department	Has coordination occurred? Note any priorities or concerns.
<i>Community Development</i>	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Traffic Engineering</i>	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Road Design</i>	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Maintenance</i>	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Right-of-Way Services</i>	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Other?</i>	

## Community Stakeholder Review

21. Have relevant advisory committees been informed of the project?

☐ yes    ☐ no    if yes, list \_\_\_\_\_  
\_\_\_\_\_

22. Have community stakeholders been engaged?

☐ yes    ☐ no

23. Have adjacent property owners been engaged?

☐ yes    ☐ no

24. Have there been public meetings? (N/A for smaller projects)

☐ yes, if so, how many? \_\_\_\_\_ ☐ no

Comment themes:

## Schematic Design Phase

Date Completed \_\_\_\_\_

### Modal Priorities

25. Do the recommended facilities for the priority modes create conflicts or tradeoffs between modes? (if yes, describe) ☐ yes ☐ no

26. Did you omit the preferred design for a higher priority mode in place of a lower priority mode?

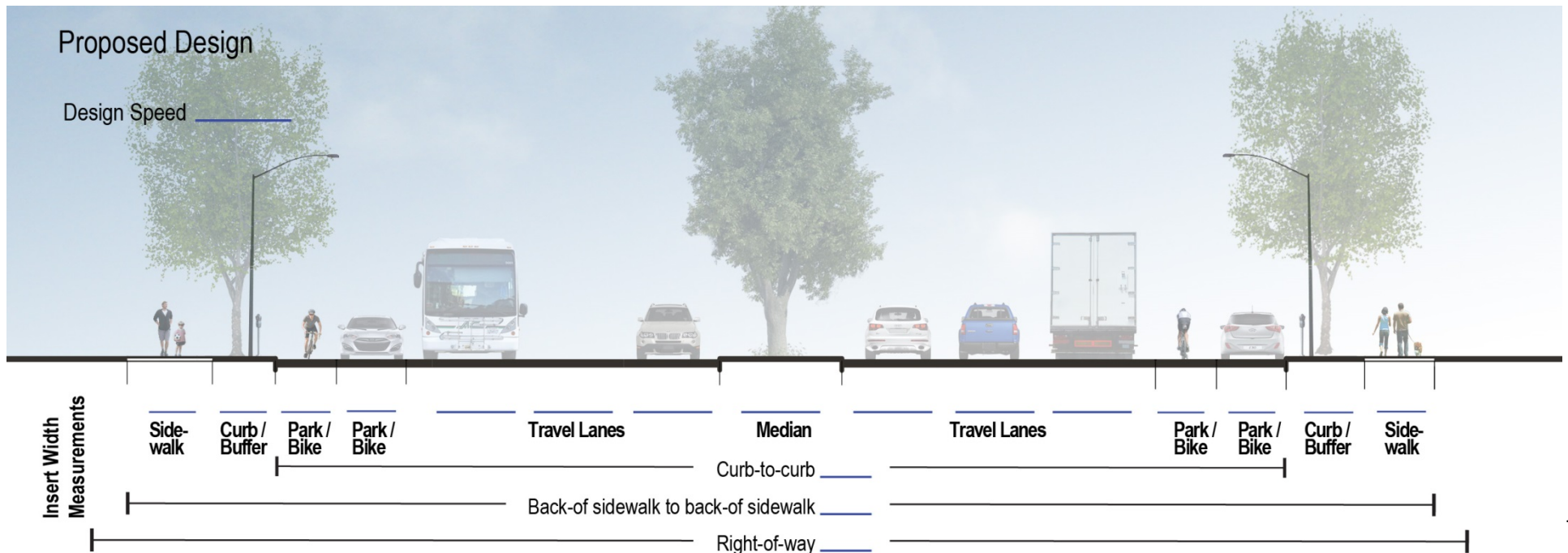
☐ yes (if yes, which \_\_\_\_\_) ☐ no

If yes, explain:

### Proposed Design

27. What complete streets elements are proposed in the design?

- a. Sidewalk zone ☐ *Zone not impacted by project*
- ☐ Additional marked pedestrian crossings
  - ☐ Additional treatments to enhance existing crossings
  - ☐ Targeted widening around obstructions to maintain minimum ADA clear path
  - ☐ Relocation of fixed objects to maintain minimum ADA clear path
  - ☐ Widened sidewalk for enhanced pedestrian realm
- b. Curb zone ☐ *Zone not impacted by project*
- ☐ Bicycle parking
  - ☐ Street trees
  - ☐ Pedestrian scale lighting
  - ☐ Bus shelter/other transit stop amenities



- c. Parking zone ☐ *Zone not impacted by project*
- ☐ Bike corrals
  - ☐ Bus loading islands
  - ☐ Bus bulbs
  - ☐ Bus stop relocation/consolidation
  - ☐ Bus stop lengthening
  - ☐ "Daylighting" – removal of parking at intersections for improved sight distance of pedestrians
  - ☐ Loading zones
  - ☐ Short-term or pick-up/drop-off parking
  - ☐ Curb parking (provides pedestrian buffer)
  - ☐ Back-in angle parking
  - ☐ Marking of parking tees/door zone for bicyclist safety
- d. Bicycle zone ☐ *Zone not impacted by project*
- ☐ New Class II bike lanes
  - ☐ Widened Class II bike lanes
  - ☐ Bike lane buffers
  - ☐ Class IV bike lanes
  - ☐ Class III bike routes
  - ☐ Shared lane markings
  - ☐ Paint to mark conflict/weaving zones
  - ☐ Bicycle wayfinding
  - ☐ Contraflow bike lanes
  - ☐ Diverters/volume management on Class III routes
- e. Vehicle zone ☐ *Zone not impacted by project*
- ☐ Narrowed travel lanes to reduce traffic speeds
  - ☐ Widened travel lanes to accommodate buses or trucks
  - ☐ Vertical traffic calming elements (speed bumps, speed humps/tables)
  - ☐ Horizontal traffic calming elements (chicanes, edge islands, traffic circles)
  - ☐ Signal coordination at slower signal progression speed
  - ☐ Textured pavement for traffic calming
  - ☐ Dedicated transit lanes
- f. Median zone ☐ *Zone not impacted by project*
- ☐ Pedestrian refuge island

- ☐ Trees or landscaping
  - ☐ Left turn pockets
- g. Intersections and crossings ☐ *Zone not impacted by project*
- ☐ Pedestrian countdown signals
  - ☐ Pedestrian push buttons
  - ☐ Pedestrian leading interval
  - ☐ Audible pedestrian signals
  - ☐ High visibility crosswalks
  - ☐ ADA curb ramps – one crosswalk approach
  - ☐ ADA curb ramps – two crosswalk approaches
  - ☐ RRFP or PHB
  - ☐ Curb extensions/bulb outs
  - ☐ Mountable curbs to accommodate trucks
  - ☐ New or realigned midblock crossings
  - ☐ Signal retiming to improve bike/ped crossing times
  - ☐ New bicycle detection
  - ☐ Bicycle leading interval
  - ☐ Bicycle box
  - ☐ Bicycle two-stage left turn box
  - ☐ Bike lanes marked through intersection
  - ☐ Separate bicycle signal phase
  - ☐ Bike lanes to the left of right-turn pockets
  - ☐ Transit signal priority
  - ☐ Bus queue jump
  - ☐ Advanced yield lines or stop bars
  - ☐ Realigned or rechannelized intersection
  - ☐ Closure of slip lanes
  - ☐ Recessed stop bar for large vehicle turning radii
  - ☐ Restriction of right turn on red
  - ☐ Restriction of permitted left turns



### External Agency/Stakeholder Coordination

28. Have outstanding issues from planning phase been discussed further?

Agency	Has further discussion/coordination occurred? Note ongoing issues or resolutions to earlier issues:
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no

### Internal Department Coordination

29. Have the concerns from the planning phase been addressed?

Department	Has coordination occurred? Note any priorities or concerns.
<i>Community Development</i>	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Traffic Engineering</i>	<input type="checkbox"/> yes <input type="checkbox"/> no
Road Design	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Maintenance</i>	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Right-of-Way Services</i>	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Other?</i>	

## Community Stakeholder Review

30. Have relevant advisory committees been updated? ☐yes ☐no
31. Further discussion with community stakeholders? ☐yes ☐no
32. Further discussion with adjacent property owners? ☐yes ☐no
33. Have there been additional public meetings? ☐yes ☐no  
(N/A for smaller projects)
34. Have there been comment themes differing from those in the planning phase? ☐yes ☐no
- Additional comment themes:

## Design Tradeoffs

35. Were any design options considered/evaluated and not recommended?

36. (MTC) If the project does not incorporate separate bicycle and pedestrian facilities, list the reasons why:

- ☐ Cost
- ☐ Right-of-way
- ☐ Not the first or second modal priority
- ☐ Other

37. How does the proposed schematic design impact conditions for each mode? If negative or positive, note the impact. (Note: both negative and positive impacts could be found for one mode.)

Mode	Impacts	
Auto	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	(e.g. intersection delay; reduced on-street parking supply)
Bicycle	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	(e.g. increase in vehicle speeds, narrowing of bike lanes)
Pedestrian	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	(e.g. increase in roadway width; removal of sidewalk space; increased signal cycle lengths)
Transit	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	(e.g. intersection delay; removal of stop amenities)
Trucks	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	(e.g. intersection delay; reduction or removal of loading zones; reduce maneuverability)
Other mode?	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	

## Final Design

Date Completed: \_\_\_\_\_

### Modal Priorities

38. Are there potential conflicts between modes that were not addressed in the schematic design phase, and that still need to be addressed? (if yes, describe) ☐ yes ☐ no

### Proposed Design

39. Are there any changes from the schematic design? Note changes below, and summarize the impacts on each mode, if applicable:

Changes:

Mode	Are there impacts from the design changes (differing from schematic design)?	
Auto	<input type="checkbox"/> yes <input type="checkbox"/> no	
Bicycle	<input type="checkbox"/> yes <input type="checkbox"/> no	
Pedestrian	<input type="checkbox"/> yes <input type="checkbox"/> no	
Transit	<input type="checkbox"/> yes <input type="checkbox"/> no	
Trucks	<input type="checkbox"/> yes <input type="checkbox"/> no	

### Stakeholder/Departmental Coordination

40. Have outstanding concerns been discussed further or resolved? Note how issues have been resolved and/or any issues still outstanding.

Agency/Dept raising issue	Note ongoing issues or resolutions to earlier issues:

41. (MTC) How have community comments been addressed in final design?

42. (MTC) Are any major comment themes not addressed? If yes, note.  
☐ yes ☐ no

## Maintenance and Construction Phase Considerations

43. (MTC) How will access be maintained during construction for all modes (check one box per mode)?

Agency	Auto	Bicycle	Pedestrian	Transit	Trucks
Detour for duration of project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time-of-day closures only (e.g. nighttime)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term closures (e.g. 24 hour) with detour route	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access maintained with reduced facilities*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full access maintained (work does not impact mode)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (note):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*"Access maintained with reduced facilities" could mean some travel lanes closed for vehicles; could mean bicycle lane is closed, with signage for bicycles to share travel lane; could mean that sidewalk is closed with pedestrian space provided on shoulder; could mean that some transit stops are closed; etc.)

44. (MTC) Which agency/department is responsible for ongoing maintenance?

- a. Street sweeping and cleaning \_\_\_\_\_
- b. Restriping and repaving \_\_\_\_\_
- c. Street furniture (lighting, benches, etc.) \_\_\_\_\_
- d. Landscaping \_\_\_\_\_
- e. Waste receptable and recycling pick-up \_\_\_\_\_
- f. Other \_\_\_\_\_

45. Is maintenance of the facility included in regular annual budgets? (if no, how will maintenance occur?)

☐ yes ☐ no

## Development Review Complete Streets Checklist

The purpose of this checklist is to assist jurisdiction staff with identifying and assessing a range of complete streets related needs in the vicinity of each development, that if addressed, would better serve the multimodal transportation needs of the people coming and going from the site and the surrounding area. The checklist can be used as a reference throughout the development and design of the project.

Project Name \_\_\_\_\_  
Project Location \_\_\_\_\_  
Project Manager \_\_\_\_\_  
Anticipated construction date \_\_\_\_\_

Project Description / Project Type:

### Development Review Phase

#### Project Description

1. What are the proposed land uses (check all that apply)?  
☐ residential      ☐ commercial /mixed use  
☐ industrial      ☐ civic/institutional      ☐ other \_\_\_\_\_
2. (MTC) What are the major trip generators near the project site, if any? (existing and future)
  - a) Schools ☐yes ☐no
  - b) Major employers ☐yes ☐no
  - c) Civic/community destinations ☐yes ☐no
  - d) Medium to high-density residential ☐yes ☐no
  - e) Senior centers/healthcare facilities ☐yes ☐no
  - f) Daily needs (grocery, retail, etc) ☐yes ☐no
3. Is the project site located on the path of nearby trip generators?  
☐yes      ☐no
4. Based on the modal priority maps (Figures 1 and 2 from the Design Guidelines), list the modal priorities on adjacent streets (check all that apply):

Adjacent Street 1 Name: \_\_\_\_\_

Auto	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Bicycle	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Pedestrian	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Transit	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Trucks	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other

Adjacent Street 2 Name: \_\_\_\_\_

Auto	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Bicycle	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Pedestrian	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Transit	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Trucks	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other

Adjacent Street 3 Name: \_\_\_\_\_

Auto	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Bicycle	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Pedestrian	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Transit	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other
Trucks	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Other

Work with Transportation and Engineering Staff to fill out questions 5-8.

5. Within the past five years, have there been any fatal or severe injury collisions within ¼ mile of the site? ☐yes ☐no
6. Within the past five years, have there been any collisions within ¼ mile of the site involving pedestrians or bicyclists? ☐yes ☐no

7. Have you observed other opportunities to improve safety performance? (based on field observation) ☐yes ☐no If yes, note:

### Existing Physical Conditions

8. What are the existing right-of-way elements adjacent to the project site? Use cross section graphic for each street adjacent to the site.

Adjacent Street 1: Street name \_\_\_\_\_

**Sidewalk / Curb Zone Features**

- ☐ bike parking
- ☐ street furniture
- ☐ sidewalk lighting
- ☐ street trees
- ☐ bus stops
- ☐ other \_\_\_\_\_
- ☐ none

**Bike Facility**

- ☐ sharrow
- ☐ bike lane
- ☐ buffered bike lane
- ☐ protected bike lane
- ☐ none

**On-Street Parking**

- ☐ diagonal front-in
- ☐ diagonal back-in
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**Median Type**

- ☐ Concrete / Raised
- ☐ Striped w/ turn lanes
- ☐ TWLTL
- ☐ Landscape
- ☐ none

**Bike Facility**

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- ☐ sidewalk lighting
- ☐ street trees
- ☐ bus stops
- ☐ other \_\_\_\_\_
- ☐ none

**Insert Width Measurements**

Sidewalk condition: ☐good ☐fair ☐poor

Walkway type: ☐AC ☐dirt ☐PCC

Pavement condition: ☐good ☐fair ☐poor PCI? \_\_\_\_\_

Sidewalk condition: ☐good ☐fair ☐poor

Walkway type: ☐AC ☐dirt ☐PCC



Adjacent Street 2: Street name \_\_\_\_\_

**Sidewalk / Curb Zone Features**

- ☐ bike parking
- ☐ street furniture
- ☐ sidewalk lighting
- ☐ street trees
- ☐ bus stops
- ☐ other \_\_\_\_\_
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**Median Type**

- ☐ Concrete / Raised
- ☐ Striped w/ turn lanes
- ☐ TWLTL
- ☐ Landscape
- ☐ none

**Sidewalk / Curb Zone Features**

- ☐ bike parking
- ☐ street furniture
- ☐ sidewalk lighting
- ☐ street trees
- ☐ bus stops
- ☐ other \_\_\_\_\_
- ☐ none

**Bike Facility**

- ☐ sharrow
- ☐ bike lane
- ☐ buffered bike lane
- ☐ protected bike lane
- ☐ none

**On-Street Parking**

- ☐ diagonal front-in
- ☐ diagonal back-in
- ☐ parallel
- ☐ accessible parking
- ☐ none

**Insert Width Measurements**

Sidewalk condition: ☐ good ☐ fair ☐ poor  
 Walkway type: ☐ AC ☐ dirt ☐ PCC

Pavement condition: ☐ good ☐ fair ☐ poor PCI? \_\_\_\_\_

Sidewalk condition: ☐ good ☐ fair ☐ poor  
 Walkway type: ☐ AC ☐ dirt ☐ PCC

Adjacent Street 3: Street name \_\_\_\_\_

**Sidewalk / Curb Zone Features**

- ☐ bike parking
- ☐ street furniture
- ☐ sidewalk lighting
- ☐ street trees
- ☐ bus stops
- ☐ other \_\_\_\_\_
- ☐ none

**Bike Facility**

- ☐ sharrow
- ☐ bike lane
- ☐ buffered bike lane
- ☐ protected bike lane
- ☐ none

**On-Street Parking**

- ☐ diagonal front-in
- ☐ diagonal back-in
- ☐ parallel
- ☐ accessible parking
- ☐ none

**Median Type**

- ☐ Concrete / Raised
- ☐ Striped w/ turn lanes
- ☐ TWLTL
- ☐ Landscape
- ☐ none

**Sidewalk / Curb Zone Features**

- ☐ bike parking
- ☐ street furniture
- ☐ sidewalk lighting
- ☐ street trees
- ☐ bus stops
- ☐ other \_\_\_\_\_
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**Bike Facility**

- ☐ sharrow
- ☐ bike lane
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- ☐ diagonal front-in
- ☐ diagonal back-in
- ☐ parallel
- ☐ accessible parking
- ☐ none

**Insert Width Measurements**

Sidewalk condition: ☐ good ☐ fair ☐ poor  
 Walkway type: ☐ AC ☐ dirt ☐ PCC

Pavement condition: ☐ good ☐ fair ☐ poor PCI? \_\_\_\_\_

Sidewalk condition: ☐ good ☐ fair ☐ poor  
 Walkway type: ☐ AC ☐ dirt ☐ PCC

## Plans, Policies, Guidelines, and Standards

9. What are **relevant ongoing or existing plans**? *[insert list of plans specific to each jurisdiction]*

Plan	Jurisdiction	Identified Needs (yes or no)			
		(MTC) Ped	(MTC) Bike	Transit	Vehicular
<i>Bicycle and Pedestrian Master Plan</i>	San Leandro	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>San Leandro General Plan</i>	San Leandro	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Downtown San Leandro TOD Strategy</i>	San Leandro	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>East 14<sup>th</sup> Street South Area Development Strategy</i>	San Leandro	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Next Generation Workplace Districts</i>	San Leandro	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>North Area Specific Plan and Revitalization Manual</i>	San Leandro	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

List any transportation improvement needs identified in the plan documents listed above or from other applicable plans:

## Transportation Evaluation

10. Indicate whether the following elements have been evaluated for the site and surrounding area and list the result for each mode:

### Pedestrian

Internal site circulation and pedestrian routes	<input type="checkbox"/> yes	<input type="checkbox"/> no
Site access and street frontage	<input type="checkbox"/> yes	<input type="checkbox"/> no
Signage and wayfinding	<input type="checkbox"/> yes	<input type="checkbox"/> no
Intersections and street crossings	<input type="checkbox"/> yes	<input type="checkbox"/> no
Access to/from surrounding area	<input type="checkbox"/> yes	<input type="checkbox"/> no
Lighting	<input type="checkbox"/> yes	<input type="checkbox"/> no
ADA facilities	<input type="checkbox"/> yes	<input type="checkbox"/> no

*List any pedestrian deficiencies identified:*

### Bicycle

Parking	<input type="checkbox"/> yes	<input type="checkbox"/> no
Site access	<input type="checkbox"/> yes	<input type="checkbox"/> no
Signage and wayfinding	<input type="checkbox"/> yes	<input type="checkbox"/> no
Intersections	<input type="checkbox"/> yes	<input type="checkbox"/> no
Access to/from surrounding area	<input type="checkbox"/> yes	<input type="checkbox"/> no

*List any bicycle deficiencies identified:*



**Auto**

- On-street parking ☐ yes ☐ no
- Off-street parking ☐ yes ☐ no
- Driveway placement and pedestrian/bicycle conflict points ☐ yes ☐ no

List any auto deficiencies identified:

**Transit**

- Bus stop placement ☐ yes ☐ no
- Waiting area amenities and design parameters ☐ yes ☐ no

List any transit deficiencies identified:

**Trucks and Heavy Vehicles**

- Curbside loading areas ☐ yes ☐ no
- On-site loading areas ☐ yes ☐ no
- Turning radii ☐ yes ☐ no
- Emergency vehicle access ☐ yes ☐ no

List any truck/heavy vehicle deficiencies identified:

11. How does the proposed site design impact conditions for each mode? If negative or positive, note the impact. (Note: both negative and positive impacts could be found for one mode.)

Mode	Impacts	
Auto	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	(e.g. intersection delay; reduced on-street parking supply)
Bicycle	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	(e.g. increase in vehicle speeds; increased signal cycle lengths)
Pedestrian	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	(e.g. increase in roadway width; removal of sidewalk space; increased signal cycle lengths)
Transit	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	(e.g. intersection delay; increase in roadway width; removal of stop amenities)
Trucks	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	(e.g. intersection delay; reduction or removal of loading zones; reduce maneuverability)
Other mode?	<input type="checkbox"/> positive <input type="checkbox"/> neutral <input type="checkbox"/> negative	

## External Agency/Stakeholder Coordination

12. List agencies requiring coordination:

Agency	Has coordination occurred? Note any issues that are outstanding.
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no

## Maintenance and Construction Phase Considerations

13. (MTC) How will access for all modes be maintained during construction (check one box per mode)?

Agency	Auto	Bicycle	Pedestrian	Transit	Trucks
Detour for duration of project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time-of-day closures only (e.g. nighttime)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term closures (e.g. 24 hour) with detour route	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access maintained with reduced facilities*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full access maintained (work does not impact mode)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*"Access maintained with reduced facilities" could mean some travel lanes closed for vehicles; could mean bicycle lane is closed, with signage for bicycles to share travel lane; could mean that sidewalk is closed with pedestrian space provided on shoulder; could mean that some transit stops are closed; etc.)

14. Will any transportation facilities or street elements be privately maintained? ☐ yes ☐ no If yes, explain: