AARP Walk Audit Tool Kit Worksheet

Streets and Crossings

Community Name: ________________________________

Location/Street Name(s): ________________________________

Audit date: _______________  Start time: _______ AM | PM  End time: _______ AM | PM

YES | NO | OTHER  Skip any statements that don’t apply

THE STREET:

☐ ☐ ☐ 1. Has traffic lights and/or stop signs at intersections and crossings
☐ ☐ ☐ 2. The traffic lights and/or stop signs are clearly visible to drivers and pedestrians
☐ ☐ ☐ 3. Has crosswalks
☐ ☐ ☐ 4. The crosswalks are well marked and clearly visible to drivers and pedestrians
☐ ☐ ☐ 5. Has signage alerting drivers to the presence of pedestrians
☐ ☐ ☐ 6. Has a designated bicycle lane
☐ ☐ ☐ 7. Has a pedestrian crossing signal, also called a beacon.
   (If yes, complete the next section.)

THE PEDESTRIAN CROSSING SIGNALS:

☐ ☐ ☐ 1. Are working
☐ ☐ ☐ 2. Have a push-to-walk functionality, meaning pedestrians can stop vehicle traffic
☐ ☐ ☐ 3. Have audible prompts for people with vision impairment
☐ ☐ ☐ 4. Are placed in appropriate locations
   (if not, make note of where more are needed)
☐ ☐ ☐ 5. Provide enough time to cross
   (indicate the amount of time provided: _____ minutes  _____ seconds)
☐ ☐ ☐ 6. Provide suitable opportunities to cross
   (indicate the amount of time pedestrians must wait for a traffic light change in order to cross: _____ minutes  _____ seconds)

Walkability of the area, based on the findings above:

☐ Great  ☐ Acceptable  ☐ Mixed  ☐ Poor
NOTES OR OTHER OBSERVATIONS: