

# ROAD SAFETY AUDIT

NUMBER OF:	TALLY MARKS:	TOTAL:
<b>Drivers engaging in distracted behavior</b> – cell phone use, eating, talking to a passenger, putting on make-up, reading, etc.		
<b>Drivers/passengers not wearing seatbelts</b>	Drivers:	
	Passengers:	
<b>Drivers that do not follow traffic law</b> -speed up through yellow lights, run stop signs, do not signal when changing lanes or turning, rolling through a stop sign, etc		
<b>Are the traffic signs/lights/street markings visible and in good condition for drivers?</b> Yes___ No___	If you answered no, please give details here about problems:	
<b>Drivers that cut off other cars and/or tailgate, or who demonstrate road rage</b> -honking horn, yelling, etc.		
<b>Bicyclists without proper safety gear</b> – helmet, light, etc		
<b>Bicyclists who swerve through traffic or don't signal before switching lanes</b>  Is there a bike lane? Yes___ No___		
<b>Pedestrians who cross the road before the light turns or Jaywalk</b>  Are sidewalks available? Yes___ No___		
<b>Other _____</b> (fill in the blank with another type of risky road behavior)		

**Location (Intersection of):** \_\_\_\_\_