TRAFFIC STUDY REVIEW CHECKLIST

PROJECT:_____ **CHECKED BY:**_____

LOCATION:_____ **DATE:**_____

OWNER/DEVELOPER:_____ **PHONE:**_____

ENGINEER:_____ **PHONE:**_____

Project Information	**Yes**	**No**	**N/A**	**Completed**
1- Is the report stamped by a current Washington Professional Engineer with expertise in Traffic engineering	___	___	___	___
2- Qualification statement showing transportation/traffic expertise (May be requested by the City of Vancouver)	___	___	___	___
3- Provide an executive summary of report	___	___	___	___
4- Site Summary				
a) Location	___	___	___	___
b) Planned development, or phased development	___	___	___	___
c) Existing development being replaced	___	___	___	___
d) All roadway classification(s) serving the project	___	___	___	___
e) Number of controlled intersections with signals	___	___	___	___
f) Number of controlled intersection with stop signs	___	___	___	___
g) Number of uncontrolled intersections	___	___	___	___
h) Is dedication of R/W proposed	___	___	___	___
i) Is the new width of the R/W	___	___	___	___
j) Does the new R/W meet the City Std	___	___	___	___

	Yes	No	N/A	Completed
5-Roadway system Information for all streets				
a) Posted speed limit or 85th Percentile Speed	___	___	___	___
b) Street Classifications and number	___	___	___	___
c) Width of pavement width of R/W	___	___	___	___
d) Sidewalk(s)	___	___	___	___
e) Sight Distance	___	___	___	___
f) Number of Lanes	___	___	___	___
g) Number of Turning Lanes	___	___	___	___
h) Medians	___	___	___	___
6-Copy of the proposed development/site plan	___	___	___	___
7-Existing & buildout Traffic Counts in table format				
a) ADT	___	___	___	___
b) AM & PM Peaks	___	___	___	___
c) Other Peak Hours	___	___	___	___
d) Is the traffic count within a year or less	___	___	___	___

Trip Generation

1-ITE Trip Generation Manual				
a) Version 5	___	___	___	___
b) Version 6	___	___	___	___
2-Copy of the Code # from ITE Manual	___	___	___	___
3- Is ADT, AM, & PM peaks provided	___	___	___	___
4-Independent trip generation calculation used (*If different than the ITE manual, then a minimum of 5 case studies shall be provided)*	___	___	___	___
5-Project percentage of trips using non-vehicular modes	___	___	___	___
6-Has the assumption for pass by been justified	___	___	___	___
7-Has the growth rate assumption been justified & documented	___	___	___	___
8-Is the development going to use a shared driveway	___	___	___	___
9-Entering and Exiting volumes	___	___	___	___

	Yes	No	N/A	Completed
10-The build-out year indicated	___	___	___	___
11-Detailed description of site (use(s), SF, etc)	___	___	___	___
12-Assumed percentage of trucks and/or buses	___	___	___	___
13-Has the assumption for the shared internal trip documented	___	___	___	___

Diverted links and trips are not permitted

14-Is all possible conflict of movements shown	___	___	___	___
15-Are driveway alignment shown and possible conflicts	___	___	___	___

TMZ

1-Does the Study indicate all impacted TMZ(s)	___	___	___	___
2-A map indicating the project area and all impacted TMZ(s)	___	___	___	___
3-Any other previous study assumptions and impacts	___	___	___	___
4-An accounting of traffic from previously vested trips	___	___	___	___
5- Has LOS been shown for each corridor for existing vs. buildout	___	___	___	___

Trip Distribution

1-Flow diagrams showing the distribution within the study area	___	___	___	___
2-Assumption used for the trip is stated				
a) EME/2	___	___	___	___
b) Current traffic patterns	___	___	___	___
c) Other studies	___	___	___	___
3-List of all in-process (*Projects that are TC but without final approval)*				

Trip Assignment and Traffic Projections

1-Site generated turning movements at subject intersection	___	___	___	___

	Yes	No	N/A	Completed
2-In-process traffic turning movements at subject intersections	___	___	___	___
3-Background traffic growth movements at subject intersections (at site build out)	___	___	___	___
4-Total projected turning movements at subject intersection	___	___	___	___
Level of Service Analysis				
1-Existing level of service at arterial / collector intersections in the study area	___	___	___	___
2-Existing plus in-process plus projected background growth LOS	___	___	___	___
3-Existing plus in-process plus projected background growth plus site build-out LOS	___	___	___	___
4-Existing and projected background LOS deficiencies identified	___	___	___	___
5-Projected LOS deficiencies with traffic identified	___	___	___	___
Warrants / Safety Analysis				
1-Traffic Signal MUTCD warrant analysis and phasing at intersections, as required	___	___	___	___
2-Evaluation of need for right or left turn lanes, storage capacity, and length	___	___	___	___
3-Accident analysis with rate calculations and methodology stated for calculation (# accidents & ADT)	___	___	___	___
4-Sight distance at the subject intersections, with speed limit and measurement distance stated	___	___	___	___
5-Analysis of viability of pedestrian/bike access to nearest transit stop (if within ½ mile of site)	___	___	___	___
6-Safety and needs analysis of any requested median opening(s)	___	___	___	___

7-Have all pedestrian connections shown & are sufficient	___	___	___	___

Improvement / Mitigation Recommendations

1-Identification & recommendation of possible corrections of any LOS deficiencies	___	___	___	___
2-Identification & recommendation of possible corrections of any warrant safety deficiencies	___	___	___	___

Other

1-Technical appendix- including sufficient material to convey complete understanding of traffic issues (e.g HCM analysis, trip generations calculations, counts)	___	___	___	___
2-All copies of reference materials been submitted	___	___	___	___
3-Copies of all previously approved agreements for vested trips, trip accounting summary.	___	___	___	___
4-Copy of a request for certificate of concurrency	___	___	___	___
5-List of all intersection projects impacted by the project that are listed in the 6-year TIP plan within 2-miles of project.	___	___	___	___
6-Is a corridor model run needed for this project	___	___	___	___
7-Does this project send more than 10 trips to a county state roadway system, if yes then they need to be notified	___	___	___	___
8- Has access management adequately been addressed	___	___	___	___
9- Do existing driveway need to be a shared one	___	___	___	___
10-Is closure of exiting driveway justified or needed	___	___	___	___
11-Is driveway spacing shown and meets City Standards	___	___	___	___

Comments

Note: This checklist shows the minimum information required for a transportation impact study to be fully complete. Acceptance does not certify or guarantee adequacy and does not constitute an approval. Additional information may be required after acceptance of the transportation study as fully complete. Additionally, the public process may raise issue(s) that require further study on the part of the applicant. The application should be prepared and address public comments during the Development Review process.