Bicycling Route Assessment Tool - APPENDIX B

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To be completed by Area Manager (AM):	
Assessed by:	Date assessed (Y/M/D):
Has this route been assessed before? (Y/N)	
If yes, when? (Y/M/D)	
Reason for previous rejection?	
Has this request been submitted by a Municipality	? (Y/N)
If yes, which municipality?	
If no, reject and notify Active Transportation Co	pordinator (ATC) (see policy PO1072, Sect 1.3)
Are any portions of this route signed at 90km/h or	higher? (Y/N)
If yes, reject and notify Active Transportation (Coordinator (ATC) (see policy PO1072 sect 1.2.2)
Site Description: Please describe your project in the box below, and submission	d include a detailed map of the route with your

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Road Segment/Section Speed (Policy AADT (veh./day) If known Type of shoulder (paved/gravel) Truck volume, if known Truck volume, if known Type of shoulder (paved/gravel) Truck volume, if known Truck volume, it kno	Road Segment/Section (Policy (veh./day) erroute must meet ONE of the following criteria: // Does the route provide an active transportation connection Check all that apply: (If none apply, go to #3) Community Centre or Downtown Area Schools (elementary, junior, high school, university) Residential Areas Sports / Recreational Facility Shopping & Eating Districts Major Employer Hospitals Parks & Rest Areas Known Tourist Destinations Is tourist destination (above) in Doers & Dreamers Trail Head Other	n between important	(paved/gravel)
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capital work, shoulder repair completed, culvert replacement, etc).			road surface, upcoming
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Bicycling Route Assessment Tool - APPENDIX B

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To be completed by the ATC:			
Is this route (or parts of it) on the Blue Route? (Y/N)			
Is this road part of an AT Plan or other Bicycling Plan? (Y/N)			
Has other correspondance been received requesting bicycling facilities on this section of road? Y/N			
If yes to any of the above, please explain:			
Does this route comply with Policy PO1063 Shoulder Widths for Active Transportation?			
Y/N			
If no, are there any special circumstances to be considered? If yes, explain:			
ATC to provide recommendation to AM (Approve/Reject)			
AM to Approve or Reject proposal (Approve/Reject)			
Name: Date:	(Y/M/D)		
If approved, AM is to request DTS evaluate route for "share the road" signage.			