

Bicycling Route Assessment Tool - APPENDIX B

Page 1

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 Coordinator (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 include a detailed map of the route with your submission

Bicycling Route Assessment Tool - APPENDIX B

Detailed route description (includes site visit) (To be filled in by Area Manager or designate)

Assessed by: _____ Date assessed (Y/M/D): _____

Road Segment/Section	Speed (Policy)	AADT (veh./day)	Truck volume, if known	Type of shoulder (paved/gravel)

The route must meet **ONE** of the following criteria:

1/ Does the route provide an active transportation connection between important starting and endir
 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

Please Identify: _____

Please Identify: _____

Is tourist destination (above) in Doers & Dreamers Guide? (Y/N) _____

Trail Head Please Identify: _____

Other Please Identify: _____

2/ Does the route complete a recreational riding loop from a recognizable origin? (Y/N) _____

3/ Does the route provide a link between two sections of multipurpose trail? (Y/N) _____

4/ If the route does not have starting and ending locations, is it known to be appealing to bicyclists? (Y/N) _____

Please Explain:

Area Manager to provide a recommendation to the ATC about the suitability of the route. Please state any recommendation conditions, if applicable (*i.e. areas prone to speeding, rough road surface, upcoming capital work, shoulder repair completed, culvert replacement, etc...*):

Bicycling Route Assessment Tool - APPENDIX B

Page 3

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 correspondence 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.