



TRAFFIC CALMING COUNTERMEASURE ENGINEERING AND TRAFFIC STUDY

PLEASE TYPE OR PRINT ALL INFORMATION IN BLUE OR BLACK INK

STEP 1: IDENTIFY CHALLENGES AND ASSESS ISSUES

A – LOCATION INFORMATION

COUNTY:			MUNICIPALITY:		
STREET NAME:					
STATE ROAD #:			LOCAL ROAD #:		
STUDY AREA:	SEGMENT:	OFFSET:	TO	SEGMENT:	OFFSET:
LOCATION:			TO	LOCATION:	

B – REFERENCE INFORMATION

REFERENCE: Chapter 212	SECTION(S): §212.9 Traffic Calming
REFERENCE: Design Manual 2	SECTION(S): Chapter 18 Traffic Calming
REFERENCE: PUB 46 Traffic Engineering Manual	SECTION(S): Chapters 1 and 11
REFERENCE:	SECTION(S):

C – STUDY ELEMENTS

FROM PUBLICATION 212 APPENDIX:

- ☐ CRASH ANALYSIS (1) ☐ GAP STUDY FOR SCHOOL CHILDREN (7) ☐ ROADSIDE DEVELOPMENT (13) ☐ SPEED DATA (17) ☐ OTHER: _____
☐ ALTERNATE ROUTE (3) ☐ GEOMETRIC REVIEW (8) ☐ ROADSIDE OBSTRUCTIONS (14) ☐ TRAFFIC SIGNALS (19)
☐ BICYCLE VOLUMES (X) ☐ ARR./DEP. HRS OF STUDENTS (5) ☐ PARALLEL STREETS (9) ☐ SCHOOL ROUTE PLAN (15)
☐ TYPE OF HIGHWAY (21) ☐ CAPACITY ANALYSIS (6) ☐ PEDESTRIAN VOLUMES (12) ☐ SIGHT DISTANCE (16)
☐ INTERSECTION DELAY (22)

D – EXISTING CONDITIONS DESCRIPTION

1. Is there a documented speeding problem?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
85th Percentile Speed: _____ Posted Speed: _____ Target Speed: _____			
Remarks:			
2. Have there been observed conflicts with vulnerable users or documented crashes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Remarks:			
3. Are pedestrian/bicycle facilities present (i.e., sidewalks, curb ramps, crosswalks, pedestrian signals, trail, roadway)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Remarks:			

Confidential – Traffic Engineering and Safety Study
(For Department Use Only)

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4. Are pedestrian facilities near the site?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Remarks:			
5. Has the land use context been defined per Design Manual 2?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Remarks:			
6. Has the functional street classification been defined?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Remarks:			

STEP 2: IDENTIFY INTENDED OUTCOMES OR GOALS FOR THE PROJECT

E – OUTCOME IDENTIFICATION			
Identify outcomes/goals of traffic calming implementation to address site challenges.			
• Reduced vehicle operating speed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
• Reduced crash frequency/severity	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
• Reduced crossing distance	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
• Decreased pedestrian exposure	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
• Increased pedestrian safety and comfort	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
• Reduced conflict points	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
• Improved visibility of pedestrians	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
• Improved line of sight for pedestrians	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
• Enhanced multimodal connectivity and access	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
• _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
• _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
• _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
• _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
• _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

F – OUTREACH EFFORTS			
Has contact and discussion concerning traffic calming been made with the following groups/organizations?			
• Municipality (s)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
• Transit Organization (s)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
• School District (s)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
• Public Meeting (s)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
• Emergency Services	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
• Advocacy Groups	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
• County Maintenance Service Providers	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
• Other (s)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Remarks/Comments from outreach efforts (specify which groups/organizations were involved in outreach efforts):			

STEP 3: IDENTIFY POTENTIAL SOLUTIONS AND ALTERNATIVES

G – SITE INFORMATION FOR POTENTIAL ALTERNATIVES

DATE DATA COLLECTED:

PERSON CONDUCTING STUDY:

TITLE:

1. Traffic Volumes (ADT):.....

Remarks:

2. Posted Speed Limit (MPH):.....

Remarks:

3. Street Functional Classification:.....

Remarks:

4. Crash History:.....

Remarks:

5. Parking Information (i.e. Location, Capacity, Use, etc.):.....

Remarks:

6. Operating Speed (MPH):.....

Remarks:

7. Grade (percent):.....

Remarks:

8. Roadway Geometry (i.e. Curves, Intersection, Segment Type, etc.):.....

Remarks:

9. Number of Travel Lanes:.....

Remarks:

10. What is the context, Land Use, and Area of the site/project?.....

Remarks:

11. What are the impacts on the project area and surrounding roadway network?.....

Remarks:

a. Is there a Transit Route/Transit Stops or Emergency Vehicle Route in the site/project vicinity?.....☐ YES☐ NO

Remarks:

b. Have the impacts to larger vehicles been considered?.....☐ YES☐ NO

Remarks:

c. Have noise impacts been considered?.....☐ YES☐ NO

Remarks:

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Step 3.1 - Preliminary Screening of Traffic Calming Solutions using Decision Matrices

1. Intended Outcomes of Traffic Calming Implementation, shows which intended outcomes are typically applicable with the implementation of various traffic calming solutions.
2. Posted Speed and Roadway Classification, shows the five context classifications and posted speed ranges along the top of the matrix. This matrix shows the applicability of each traffic calming solution within each context and posted speed range.

Step 3.2 – Review Toolbox Criteria for potential Traffic Calming Solutions

STEP 4: EVALUATE, ASSESS, AND COMPARE ALTERNATIVES

H – EVALUTATION OF PROPOSED ALTERNATIVES

- Weighing the Advantages and Disadvantages associated with potential traffic calming measures – document traffic calming countermeasures effectiveness in achieving intended outcomes.
- Considering Tradeoffs: safety, accessibility, cost, maintenance, multiple users, vehicles, and other modes of transportation.

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STEP 5: RECOMMENDATION OF A SOLUTION

I – RECOMMENDATION AND JUSTIFICATION OF PROPOSED SOLUTION

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J – APPROVALS FOR PENNDOT PROJECTS

Comments:

Completed by:

Name:

Agency/ Consultant:

Date:

MUNICIPAL APPROVAL (Required for Local Roads)

Reviewed and Approved By (Print):

Title:

Date:

Reviewed and Approved By (Signature):

DISTRICT TRAFFIC ENGINEERING APPROVAL (Required for State Roadways)

Reviewed and Approved By (Print):

Title:

Date:

Reviewed and Approved By (Signature):

ASSISTANT DISTRICT EXECUTIVE-DESIGN APPROVAL

(Required for Arterials and State Roads with Posted Speeds over 35 MPH; coordinate with BODD, HDTD prior to approval.)

Reviewed and Approved By (Print):

Title:

Date:

Reviewed and Approved By (Signature):

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