Pedestrian Signal Inspection Form

Must be filled out for all new pedestrian signals installed in County right-of-way in Sacramento County. This from must be filled out and submitted within ten days of signal installation to the SacDOT Program Access Coordinator.

Pedestrian Signal Location: **Project Name:**_____

⌐ N/E   ⌐ N/W   ⌐ S/E   ⌐ S/W

N/S STREET_____   E/W STREET_____

Pedestrian Signals per County Standard Drawings: **Check One:**

⌐ Vertical Curb   ⌐ Rolled curb   ⌐ One Ramp   ⌐ Two Ramps

STANDARDS:
- EACH PUSH BUTTON LOCATED WITHIN 60" OF EXTENDED CROSSWALK LINE, AND 120" FROM OTHER BUTTONS.
- EACH PUSH BUTTON LOCATED 120" MAX. AND 30" MIN. FROM CURB LINE.
- PUSH BUTTON PARALLEL TO DIRECTION OF CROSSING.
- CLEAR SURFACE SPACE OF 30" X 48" AT PUSH BUTTON.
- HEIGHT TO C.L. OF PUSH BUTTON FROM 42" TO 46" MAX.
- MAX. 5 LBS. OF PRESSURE TO OPERATE.
- LOCATOR TONE FROM 2 DB TO 5 DB, & ABOVE AMBIENT.

IF ONE PUSH BUTTON IS PRESENT:
   A:
HEIGHT OF PUSH BUTTON (IN.): _____
DIAMETER OF PUSH BUTTON (IN.): _____
ACCESSIBLE SIGNAL OPERATIONAL (Y/N): _____
LOCATOR TONE OPERATIONAL (Y/N): _____
PUSH BUTTON PARALLEL TO DIRECTION (Y/N): _____

IF TWO PUSH BUTTONS ARE PRESENT:
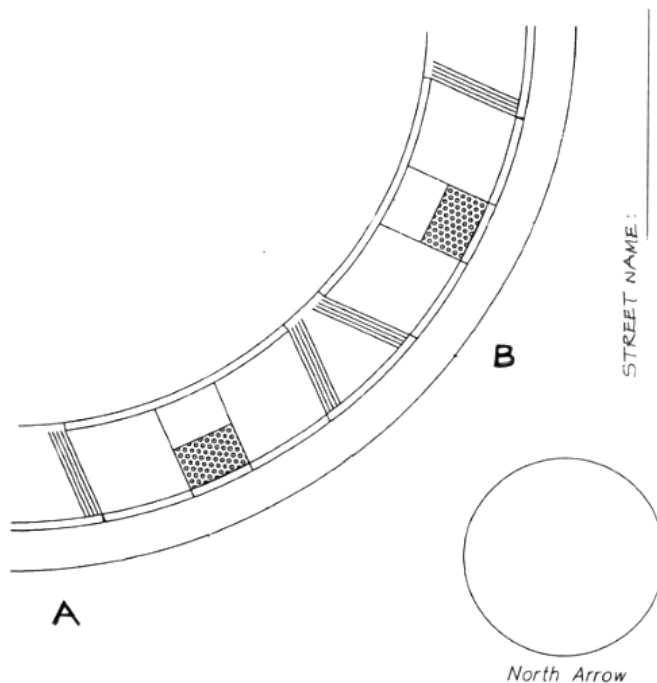   **B:**
HEIGHT OF PUSH BUTTON (IN.): _____
DIAMETER OF PUSH BUTTON (IN.): _____
ACCESSIBLE SIGNAL OPERATIONAL (Y/N):
_____
LOCATOR TONE OPERATIONAL (Y/N): _____
PUSH BUTTON PARALLEL TO DIRECTION (Y/N): _____

STREET NAME: _____

ANY CONDITIONS NOT IN COMPLAINCE WITH THE STANDARDS LISTED ABOVE_____
_____
_____

DRAW LOCATION OF PUSH BUTTON(S) AT THE PROPER LOCATION (IF ONLY ONE RAMP, DRAW BUTTON LOCATION ON RAMP A)

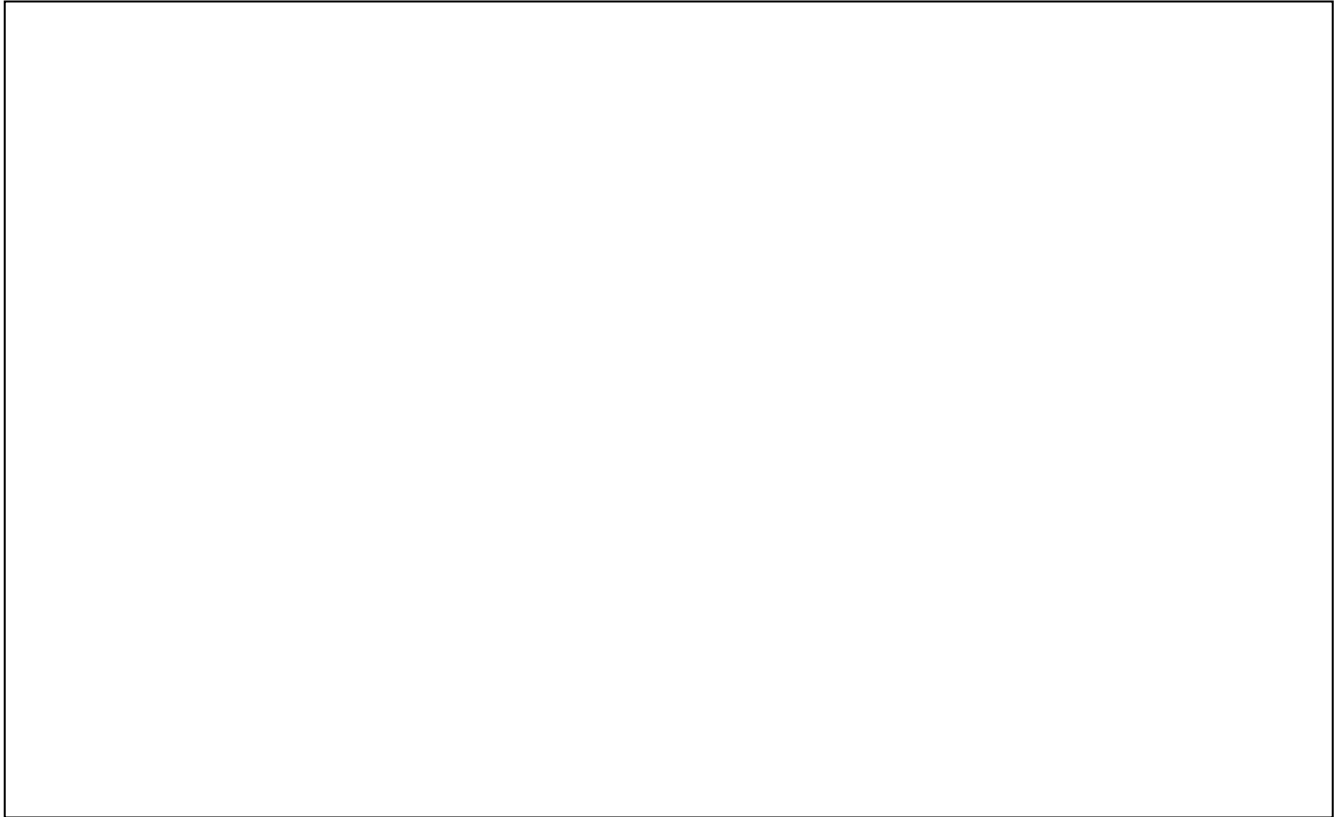**Inspected/measured by (print):_____   Date Field Measured:_____**

See reverse side for Compliance with Standards.

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<u>Compliance with Standards</u>:

Note: All pedestrian signals should comply with SacDOT's current design and construction standards. Where it is infeasible to install pedestrian signals to current standards, the Designer or Inspector must complete the Findings for Non-compliance Element(s) section below and state what the non-compliant element(s) are and the reason for the non-compliance. A drawing or picture can be included in the box below. After completing this form, submit it to the SacDOT Program Access Coordinator for acceptance and then signature by the Director of SacDOT.

Findings for Non-Compliance Element(s): _____

_____

_____

_____

_____

_____

                                                                        Picture or Drawing, if needed

_____ _____ _____ _____
Designer/Inspector   Date   Reviewed by   Date Approved by SacDOT   Approved by Chief, Disability
                                   Program Access Coord.   Director   Date   Compliance, Sac. Co.   Date

_____ _____ _____ _____
Designer/Inspector Signature Reviewed by Signature SacDOT Dir. Signature   Chief Disability Comp. Signature