

Operational Review

Signalized Intersection Check List

Town: _____ Reviewed By: _____ Date: _____

Intersection: _____

	OK	NO	COMMENTS
Overall Intersection Operation	_____	_____	_____
Signal Phasing	_____	_____	_____
No Loaded Cycles	_____	_____	_____
Clearance Intervals	_____	_____	_____
No Skidmarks Evident	_____	_____	_____
No Signal Violations (Red Light Running)	_____	_____	_____
Vehicle Detection Works	_____	_____	_____
Vehicle Detectors Located Correctly	_____	_____	_____
Vehicle Detectors Call/Extend Correct Phase(s)	_____	_____	_____
Detector Extension/Delay Appropriate	_____	_____	_____
Special Turning Movement Operation	_____	_____	_____
4 or 5 Section Heads	_____	_____	_____
Head Alignment	_____	_____	_____
Signal Faces	_____	_____	_____
Backplates	_____	_____	_____
Visors	_____	_____	_____
No Adverse Background Lighting	_____	_____	_____
Pedestrian Indications	_____	_____	_____
Pedestrian Timing	_____	_____	_____
Rest in Walk on Mainline	_____	_____	_____
Pedestrian Buttons Work	_____	_____	_____
Pedestrian Buttons Oriented Correctly	_____	_____	_____
Pedestrian Signs	_____	_____	_____
No Arrow Across Pedestrian Movement	_____	_____	_____
Stop Bar Location and Condition	_____	_____	_____
Channelization	_____	_____	_____
Lane Control Pavement Markings	_____	_____	_____
Auxiliary Turn Lanes Long Enough to Avoid Spillback	_____	_____	_____
Turning Radii	_____	_____	_____
Left Turn Only Sign on Mast Arm (if no left turn phase)	_____	_____	_____
Painting/Galvanization	_____	_____	_____
Overhead Street Name Signs on Mast Arms	_____	_____	_____
Advance Warning Signs Appropriate for the Situation	_____	_____	_____

