

Date: _____ Location: _____

Person(s) Conducting the Survey: _____

Condition		Recommendation/Additional Info
Is curbing around parking lot in good condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the lighting adequate and tested on a regular basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are walkways in good condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there vehicle directional arrows and enter/exit signage in use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are chains across service roads painted a luminous color or equipped with hazard ribbons?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there appropriate ADA access?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is pick up and drop off adequately designated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are emergency vehicle access points open?	Yes <input type="checkbox"/> No <input type="checkbox"/>	