



## Risk Assessment Survey

Location: \_\_\_\_\_ Intersection of \_\_\_\_\_ and \_\_\_\_\_  
Day /Time \_\_\_\_\_ Weather/ light conditions \_\_\_\_\_  
Amount of time observed \_\_\_\_\_

*To be completed with parent or guardian.*

How many roads enter the intersection?

What angles? How does this affect the risk level of the intersection?

What are the legal speed limits, what are the prevailing speeds?

What visual distractions or impediments are present?

Is the intersection flat or is there a difference in elevation?

What type of signage is visible at the intersection. Are traffic lights used?

Are the drivers distracted? What local factors cause more distraction here?

What are the roadway traction issues and weather visibility concerns?

Please draw a top down view of the intersection below. show traffic flow with arrows. include lanes and lane markings.

Every intersection creates different risks. As you drive with your loved one paying attention to these factors and talking about them will help you both remain vigilant.

Parent \_\_\_\_\_ Student \_\_\_\_\_ date \_\_\_\_\_