

Person(s) Conducting the Survey:

Location:

Date:

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

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