



# U. S. DOT CROSSING INVENTORY FORM (Draft as of 12/11/2014)

A. Revision Date (MM/DD/YYYY)		PAGE 2		D. Crossing Inventory Number (7 char.)		
<b>Part III: Highway or Pathway Traffic Control Device Information</b>						
1. Are there Signs or Signals? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Types of Passive Traffic Control Devices associated with the Crossing					
2.A. Crossbuck Assemblies (count)		2.B. STOP Signs (R1-1) (count)	2.C. YIELD Signs (R1-2) (count)	2.D. Advance Warning Signs (Check all that apply; include count) <input type="checkbox"/> None		
				<input type="checkbox"/> W10-1 _____ <input type="checkbox"/> W10-3 _____ <input type="checkbox"/> W10-11 _____ <input type="checkbox"/> W10-2 _____ <input type="checkbox"/> W10-4 _____ <input type="checkbox"/> W10-12 _____		
2.E. Low Ground Clearance Sign (W10-5) <input type="checkbox"/> Yes (count _____) <input type="checkbox"/> No		2.F. Pavement Markings <input type="checkbox"/> Stop Lines <input type="checkbox"/> Dynamic Envelope <input type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None		2.G. Channelization Devices/Medians <input type="checkbox"/> All Approaches <input type="checkbox"/> Median <input type="checkbox"/> One Approach <input type="checkbox"/> None	2.H. EXEMPT Sign (R15-3) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.I. ENS Sign (I-13) Displayed <input type="checkbox"/> Yes <input type="checkbox"/> No
2.J. Other MUTCD Signs <input type="checkbox"/> Yes <input type="checkbox"/> No Specify Type _____ Count _____ Specify Type _____ Count _____ Specify Type _____ Count _____			2.K. Private Crossing Signs (if private) <input type="checkbox"/> Yes <input type="checkbox"/> No	2.L. LED Enhanced Signs (List types)		
<b>3. Types of Train Activated Warning Devices at the Grade Crossing (specify count of each device for all that apply)</b>						
3.A. Gate Arms (count) Roadway _____ Pedestrian _____	3.B. Gate Configuration <input type="checkbox"/> 2 Quad <input type="checkbox"/> Full (Barrier) Resistance <input type="checkbox"/> 3 Quad <input type="checkbox"/> Median Gates <input type="checkbox"/> 4 Quad		3.C. Cantilevered (or Bridged) Flashing Light Structures (count) Over Traffic Lane _____ <input type="checkbox"/> Incandescent Not Over Traffic Lane _____ <input type="checkbox"/> LED		3.D. Mast Mounted Flashing Lights (count of masts) _____ <input type="checkbox"/> Incandescent <input type="checkbox"/> LED <input type="checkbox"/> Back Lights Included <input type="checkbox"/> Side Lights Included	3.E. Total Count of Flashing Light Pairs
3.F. Installation Date of Current Active Warning Devices: (MM/YYYY) _____/_____/_____ <input type="checkbox"/> Not Required		3.G. Wayside Horn <input type="checkbox"/> Yes Installed on (MM/YYYY) ____/____/_____ <input type="checkbox"/> No		3.H. Highway Traffic Signals Controlling Crossing <input type="checkbox"/> Yes <input type="checkbox"/> No	3.I. Bells (count)	
3.J. Non-Train Active Warning <input type="checkbox"/> Flagging/Flagman <input type="checkbox"/> Manually Operated Signals <input type="checkbox"/> Watchman <input type="checkbox"/> Floodlighting <input type="checkbox"/> None				3.K. Other Flashing Lights or Warning Devices Count _____ Specify type _____		
4.A. Does nearby Hwy Intersection have Traffic Signals? <input type="checkbox"/> Yes <input type="checkbox"/> No	4.B. Hwy Traffic Signal Interconnection <input type="checkbox"/> Not Interconnected <input type="checkbox"/> For Traffic Signals <input type="checkbox"/> For Warning Signs	4.C. Hwy Traffic Signal Preemption <input type="checkbox"/> Simultaneous <input type="checkbox"/> Advance	5. Highway Traffic Pre-Signals <input type="checkbox"/> Yes <input type="checkbox"/> No Storage Distance * _____ Stop Line Distance * _____		6. Highway Monitoring Devices (Check all that apply) <input type="checkbox"/> Yes - Photo/Video Recording <input type="checkbox"/> Yes - Vehicle Presence Detection <input type="checkbox"/> None	
<b>Part IV: Physical Characteristics</b>						
1. Traffic Lanes Crossing Railroad Number of Lanes _____		<input type="checkbox"/> One-way Traffic <input type="checkbox"/> Two-way Traffic <input type="checkbox"/> Divided Traffic	2. Is Roadway/Pathway Paved? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Does Track Run Down a Street? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Is Crossing Illuminated? (Street lights within approx. 50 feet from nearest rail) <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Crossing Surface (on Main Track, multiple types allowed) Installation Date * (MM/YYYY) ____/____/____ Width * _____ Length * _____ <input type="checkbox"/> 1 Timber <input type="checkbox"/> 2 Asphalt <input type="checkbox"/> 3 Asphalt and Timber <input type="checkbox"/> 4 Concrete <input type="checkbox"/> 5 Concrete and Rubber <input type="checkbox"/> 6 Rubber <input type="checkbox"/> 7 Metal <input type="checkbox"/> 8 Unconsolidated <input type="checkbox"/> 9 Composite <input type="checkbox"/> 10 Other (specify) _____						
6. Intersecting Roadway within 500 feet? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Approximate Distance (feet) _____			7. Smallest Crossing Angle <input type="checkbox"/> 0° - 29° <input type="checkbox"/> 30° - 59° <input type="checkbox"/> 60° - 90°		8. Is Commercial Power Available? * <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Part V: Public Highway Information</b>						
1. Highway System <input type="checkbox"/> (01) Interstate Highway System <input type="checkbox"/> (02) Other Nat Hwy System (NHS) <input type="checkbox"/> (03) Federal AID, Not NHS <input type="checkbox"/> (08) Non-Federal Aid		2. Functional Classification of Road at Crossing <input type="checkbox"/> (0) Rural <input type="checkbox"/> (1) Urban <input type="checkbox"/> (1) Interstate <input type="checkbox"/> (5) Major Collector <input type="checkbox"/> (2) Other Freeways and Expressways <input type="checkbox"/> (3) Other Principal Arterial <input type="checkbox"/> (6) Minor Collector <input type="checkbox"/> (4) Minor Arterial <input type="checkbox"/> (7) Local		3. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Highway Speed Limit _____ MPH <input type="checkbox"/> Posted <input type="checkbox"/> Statutory	
5. Linear Referencing System (LRS Route ID) *						
6. LRS Milepost *						
7. Annual Average Daily Traffic (AADT) Year _____ AADT _____		8. Estimated Percent Trucks _____ %	9. Regularly Used by School Buses? <input type="checkbox"/> Yes <input type="checkbox"/> No Average Number per Day _____		10. Emergency Services Route <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Submission Information - This information is used for administrative purposes and is not available on the public website.</b>						
Submitted by _____ Organization _____ Phone _____ Date _____						
Public reporting burden for this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for information collection is 2130-0017. Send comments regarding this burden estimate or any other aspect of this collection, including for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25 Washington, DC 20590.						