



Bus Stop Accessibility Problems Form

Fill out applicable information to the best of your ability to assist Metro Office of Bus Planning staff in addressing your concern.

Contact Information:

1. Name of Person Filling Out the Form: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email: _____
Agency, Department and/or Office Title: _____

Date Prepared: _____

(MetroAccess Use Only) Customer Identification & Anticipated Use:

2. MetroAccess Customer ID #: _____
3. How often do you use this bus stop? If stop is not accessible, how often do you anticipating using this stop if it became accessible? (*Advise in number of times per week*) _____

Location of the Bus Stop Information:

4. What street, state, zip code and D.C. quadrant (if in D.C.) is the bus stop on? _____

5. What is the closest major cross street? _____
6. What bus route(s) or destination(s) does the bus stop serve? _____
7. What is the direction of bus travel on that street? (*Northbound, Southbound, Eastbound, Westbound*) _____
8. What is the position of the bus stop relative to that cross street? (*Before the intersection, After the intersection, Between intersections*) _____
9. *Alternately*, what is the address? _____

10. What is the bus stop number or Regional Stop ID (*if available*)? _____

Landing Area Issues: (*An area for a lift/ramp to deploy, when getting on or off the bus*)

11. Is there a landing area that can accommodate a customer using a wheelchair? _____
12. If so, are there problems with the landing area surface? *Please describe the problem(s).* _____

13. Describe any obstacles that would limit the mobility of a wheelchair user? (*i.e., trash receptacle, newspaper boxes, landscaping, etc.*) _____

Bus Stop Signage Information:

- 14. Is the informational signage in a readable font size? _____
- 15. Is there raised lettering and/or Braille on the sign? (*Braille is a reading format for those who are blind or have low vision*) _____

Pedestrian Issues:

- 16. Are there any potential safety concerns for pedestrians at or near the bus stop? (*i.e., lack of cross walk, lack of countdown signal, etc.*) _____
- 17. Is there an audible pedestrian signal? Should an audible pedestrian signal be considered, if one is not provided? _____
- 18. Is the sidewalk or pathway leading to the bus stop accessible for a person using a wheelchair or mobility device? _____
- 19. Does the landing area connect to a sidewalk or pathway? If so, is the path clear of obstructions? _____
- 20. Are there curb ramps at the street corners? _____
- 21. Is there a tactile warning system (truncated domes) on the curb ramps? _____

Bus Bench and/or Shelter Issues:

- 22. Is there a bench or shelter at the bus stop? _____ If not, should one be added? If so, a bench and/or a shelter? _____
- 23. Is there room for a wheelchair user to maneuver into the shelter? _____
- 24. Is seating available inside the shelter, if one is provided? _____

Once this form is completed, please submit with any attachments to:
Mr. Mark Browning, Bus Operations Specialist, Office of Bus Planning
Washington Metropolitan Area Transit Authority, 600 Fifth Street, N. W. Washington,
D.C. 20001, by email to mbrowning@wmata.com or by FAX to (202) 962-1277.

If you have questions, you may contact Mr. Browning at (202) 962-1405
or by email to mbrowning@wmata.com.

Metro Office of Bus Planning Staff Use Only

Date Received by BPLN: _____

Date Forwarded to Jurisdiction: _____

Which Jurisdiction and Contact: _____