ANNUAL REVIEW OF SCHOOL CROSSING GUARD PROGRAM & POSTS

DATE: COMPLETED BY:

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Review** | | | |
| yes | no | n/a | **Condition** |
|  |  |  | **Personnel** |
|  |  |  | Written job descriptions, with physical requirements, and policies have been developed and reviewed |
|  |  |  | Back ground checks and medical clearances have been completed |
|  |  |  | Routine & emergency communication protocols have been developed & reviewed |
|  |  |  | Initial and annual training has been completed and documented |
|  |  |  |  |

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| --- | --- | --- | --- |
| **Guard Post Review** | | | |
| **Post Location:** | | | |
| yes | no | n/a | **Condition** |
|  |  |  | Advance warning and traffic calming devices are in accordance with the  MUTCD 2009 ed. |
|  |  |  | Advance warning and traffic calming devices are in good condition and sufficient to  provide |
|  |  |  | Crosswalks are clearly identified. Curbs & streets are free of significant trip hazards |
|  |  |  | Sight-lines are adequate to allow guards and traffic to see each other and react |
|  |  |  | Guards’ personal vehicle can be parked in a safe location. |
|  |  |  | Cones and signs are available as necessary to restrict parking |
|  |  |  | Uniforms, high visibility apparel, and other equipment inspected & in good condition |
|  |  |  |  |

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|  |  |  |  |

USE AS MANY SHEETS AS NECESSARY TO REVIEW ALL GUARD POSTS