

Trip Generation Data Form (Part 1)

Land Use/Building Type: <u>College-Style School (Part Time)</u>		ITE Land Use Code:	
Source: <u>SANDAG</u>		Source No. (ITE use only):	
Name of Development: <u>Trinity Preparatory Academy</u>		Day of the Week:	
City: <u>Kellen</u>	State/Province: <u>Texas</u>	Zip/Postal Code: <u>76248</u>	Day: _____ Month: _____ Year: _____
Country:		Metropolitan Area:	

1. For fast-food land use, please specify if hamburger- or nonhamburger-based.

Location Within Area: <input type="checkbox"/> (1) CBD <input type="checkbox"/> (3) Suburban (Non-CBD) <input type="checkbox"/> (5) Rural <input type="checkbox"/> (2) Urban (Non-CBD) <input checked="" type="checkbox"/> (4) Suburban CBD <input type="checkbox"/> (6) Freeway Interchange Area (Rural) <input type="checkbox"/> (7) Not Given						Detailed Description of Development: <u>Part Time K-12 Day School</u> <div style="text-align: right; margin-right: 20px;"> TPS Trip Elem. 77 stud. (1.6) 123 Middle 40 stud. (1.4) 56 High 40 stud. (1.3) 52 157 231 </div> <u>Source: Trinity Prep.</u>			
Independent Variable: (include data for as many as possible) ²						Actual	Estimated	Actual	Estimated
_____ (1) Employees (#)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (9) Parking Spaces (% occupied: _____)	<input type="checkbox"/>	<input type="checkbox"/>				
_____ (2) Persons (#)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (10) Beds (% occupied: _____)	<input type="checkbox"/>	<input type="checkbox"/>				
_____ (3) Total Units (#) (Indicate unit: _____)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (11) Seats (#)	<input type="checkbox"/>	<input type="checkbox"/>				
_____ (4) Occupied Units (#) (Indicate unit: _____)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (12) Servicing Positions/Vehicle Fueling Positions	<input type="checkbox"/>	<input type="checkbox"/>				
<u>11,000</u> (5) Gross Floor Area (gross sq. ft.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ (13) Shopping Center % Out-parcels/pads	<input type="checkbox"/>	<input type="checkbox"/>				
(% of development occupied <u>100</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ (14) A.M. Peak Hour Volume of Adjacent Street Traffic	<input type="checkbox"/>	<input type="checkbox"/>				
_____ (6) Net Rentable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (15) P.M. Peak Hour Volume of Adjacent Street Traffic	<input type="checkbox"/>	<input type="checkbox"/>				
_____ (7) Gross Leasable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	<u>157</u> (16) Other <u>Students</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
(% of development occupied _____)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (17) Other _____	<input type="checkbox"/>	<input type="checkbox"/>				
_____ (8) Total Acres (% developed: _____)	<input type="checkbox"/>	<input type="checkbox"/>							

2. Definitions for several independent variables can be found in the *Trip Generation, Second Edition, User's Guide Glossary*.

3. Please provide all pertinent information to describe the subject project, including the presence of bicycle/pedestrian facilities. To report bicycle/pedestrian volumes, please refer to Part 4 of this data form.

Other Data: Vehicle Occupancy (#): _____ A.M. _____ P.M. _____ 24-hour % Percent by Transit: _____ A.M. % _____ P.M. % _____ 24-hour % Percent by Carpool/Vanpool: _____ A.M. % _____ P.M. % _____ 24-hour % Employees by Shift: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">First Shift:</td> <td style="width: 15%;">Start Time _____</td> <td style="width: 15%;">End Time _____</td> <td style="width: 50%;">Employees (#) _____</td> </tr> <tr> <td>Second Shift:</td> <td>Start Time _____</td> <td>End Time _____</td> <td>Employees (#) _____</td> </tr> <tr> <td>Third Shift:</td> <td>Start Time _____</td> <td>End Time _____</td> <td>Employees (#) _____</td> </tr> </table> Parking Cost on Site: Hourly _____ Daily _____	First Shift:	Start Time _____	End Time _____	Employees (#) _____	Second Shift:	Start Time _____	End Time _____	Employees (#) _____	Third Shift:	Start Time _____	End Time _____	Employees (#) _____	Transportation Demand Management (TDM) Information: At the time of this study, was there a TDM program (that may have impacted the trip generation characteristics of this site) underway? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please check appropriate box/boxes, describe the nature of the TDM program(s) and provide a source for any studies that may help quantify this impact. Attach additional sheets if necessary) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> (1) Transit Service <input type="checkbox"/> (2) Carpool Programs <input type="checkbox"/> (3) Vanpool Programs <input type="checkbox"/> (4) Bicycle/Pedestrian Facilities and Site Improvements </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> (5) Employer Support Measures <input type="checkbox"/> (6) Preferential HOV Treatments <input type="checkbox"/> (7) Transit and Ridesharing Incentives <input type="checkbox"/> (8) Parking Supply and Pricing Management </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> (9) Tolls and Congestion Pricing <input type="checkbox"/> (10) Variable Work Hours/Compressed Work Weeks <input type="checkbox"/> (11) Telecommuting <input type="checkbox"/> (12) Other _____ </td> </tr> </table>	<input type="checkbox"/> (1) Transit Service <input type="checkbox"/> (2) Carpool Programs <input type="checkbox"/> (3) Vanpool Programs <input type="checkbox"/> (4) Bicycle/Pedestrian Facilities and Site Improvements	<input type="checkbox"/> (5) Employer Support Measures <input type="checkbox"/> (6) Preferential HOV Treatments <input type="checkbox"/> (7) Transit and Ridesharing Incentives <input type="checkbox"/> (8) Parking Supply and Pricing Management	<input type="checkbox"/> (9) Tolls and Congestion Pricing <input type="checkbox"/> (10) Variable Work Hours/Compressed Work Weeks <input type="checkbox"/> (11) Telecommuting <input type="checkbox"/> (12) Other _____
First Shift:	Start Time _____	End Time _____	Employees (#) _____													
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Please Complete Form on Other Side

Institute of Transportation Engineers **Trip Generation Data Form (Part 2)**

Summary of Driveway Volumes

(All = All Vehicles Counted, including Trucks; Trucks = Heavy Duty Trucks and Buses)

	Average Weekday (M-F)						Saturday						Sunday						
	Enter		Exit		Total		Enter		Exit		Total		Enter		Exit		Total		
	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	
24-Hour Volume	231		231		462														
A.M. Peak Hour of Adjacent Street Traffic (7 - 9) Time (ex.: 7:15 - 8:15):	74		74		148														
P.M. Peak Hour of Adjacent Street Traffic (4 - 6) Time:	23		23		46														
A.M. Peak Hour Generator ² Time:	* used average for elementary, w																		
P.M. Peak Hour Generator ² Time:	** assume all street drop off																		
Peak Hour Generator Time (Weekend):																			

¹ Highest hourly volume between 7 a.m. and 9 a.m. (4 p.m. and 6 p.m.). Please specify the peak hour.

² Highest hourly volume during the a.m. or p.m. period. Please specify the peak hour.

³ Highest hourly volume during the entire day. Please specify the peak hour.

Please refer to the Trip Generation User's Guide for full definition of terms.

This form has been completed sufficiently to demonstrate that additional Traffic Impact Analysis is not warranted. 462 VTPO < 2000 (commercial)

Hourly Driveway Volumes- Average Weekday (M-F)

[UDC 5.03, E.1]

A.M. Period	Enter		Exit		Total		Mid-Day Period	Enter		Exit		Total		P.M. Period	Enter		Exit		Total	
	All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks
6:00-7:00							11:00-12:00							3:00-4:00						
6:15-7:15							11:15-12:15							3:15-4:15						
6:30-7:30							11:30-12:30							3:30-4:30						
6:45-7:45							11:45-12:45							3:45-4:45						
7:00-8:00							12:00-1:00							4:00-5:00						
7:15-8:15							12:15-1:15							4:15-5:15						
7:30-8:30							12:30-1:30							4:30-5:30						
7:45-8:45							12:45-1:45							4:45-5:45						
8:00-9:00							1:00-2:00							5:00-6:00						

☐ Check if Part 3, 4 and/or additional information is attached.

Survey conducted by: Name: Richard W. DeOtte
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