

TRAFFIC REPORT SUMMARY FORM

I. Project Information:

Date: _____

1. Project Name: _____
2. Project Number: _____
3. Address/Location: _____
4. Name of Applicant: _____

II. Project Baseline Information:

1. Average Daily Trip (ADT): _____
2. A.M. Peak Hour Trips (PHT): _____
3. P.M. Peak Hour Trips (PHT): _____
4. Number of Truck Trips (Trips): _____

III. Project Actual Traffic Information:

1. Employee Trip Summary

Month / (Inclusive Dates)*	Adjusted Total Trips**	Total A.M. PHT	Total P.M. PHT	Total Number of Days	Average Daily Trips***

* If project has Low and High Season, indicate in this column.

** A trip should be divided by the number of persons in the carpool. (example, if there are 2 persons in a carpool, the adjusted trip for each person is 0.5 trip).

***Adjusted Total Trips divided by Total Number of Days

2. Truck Trip Summary

Month / (Inclusive Dates)*	Total Truck Trips	Total A.M. PHT	Total P.M. PHT	Total Number of Days	Average Daily Trips

* If project has Low and High Season, indicate in this column.

3. Customer Trip Summary

Month / (Inclusive Dates)*	Total Trips	Total A.M. PHT	Total P.M. PHT	Total Number of Days	Average Daily Trips

* If project has Low and High Season, indicate in this column.

4. Delivery Trip Summary

Month / (Inclusive Dates)*	Total Trips	Total A.M. PHT	Total P.M. PHT	Total Number of Days	Average Daily Trips

* If project has Low and High Season, indicate in this column.