

ROUTE EVALUATION REPORT

Submitted By:	Route/Run:	Date:
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SCHEDULE	PLANNING	TIME FRAME
<input type="checkbox"/> Running time <input type="checkbox"/> Recovery time <input type="checkbox"/> Run time to each time point <input type="checkbox"/> Transfer point <input type="checkbox"/> GO train connection <input type="checkbox"/> Deadhead time <input type="checkbox"/> Change-off location <input type="checkbox"/> Frequency <input type="checkbox"/> Bus loading capacity	<input type="checkbox"/> Stop location <input type="checkbox"/> Route design <input type="checkbox"/> Traffic light <input type="checkbox"/> Stop sign <input type="checkbox"/> Left turn <input type="checkbox"/> Right turn <input type="checkbox"/> Washroom facilities <input type="checkbox"/> Transfer location <input type="checkbox"/> Shelter <input type="checkbox"/> Terminal facilities	<input type="checkbox"/> AM rush <input type="checkbox"/> PM rush <input type="checkbox"/> Midday <input type="checkbox"/> Early evening <input type="checkbox"/> Late evening <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Holiday

COMMENTS
