

Trip Generation Data Form (Part 1)

Land Use/Building Type: ¹		ITE Land Use Code:	
Source:		Source No. (ITE use only):	
Name of Development:		Day of the Week:	
City:	State/Province:	Day:	Month:
Country:	Zip/Postal Code:	Year:	
		Metropolitan Area:	

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

Location Within Area:		Detailed Description of Development: ³																																		
<input type="checkbox"/> (1) CBD	<input type="checkbox"/> (3) Suburban (Non-CBD)	<input type="checkbox"/> (5) Rural	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Independent Variable: (include data for as many as possible)²</th> <th>Actual</th> <th>Estimated</th> </tr> </thead> <tbody> <tr> <td>____ (1) Employees (#)</td> <td><input type="checkbox"/></td> <td>____ (9) Parking Spaces (% occupied): _____ <input type="checkbox"/></td> </tr> <tr> <td>____ (2) Persons (#)</td> <td><input type="checkbox"/></td> <td>____ (10) Beds (% occupied): _____ <input type="checkbox"/></td> </tr> <tr> <td>____ (3) Total Units (#) (indicate unit: _____)</td> <td><input type="checkbox"/></td> <td>____ (11) Seats (#) _____ <input type="checkbox"/></td> </tr> <tr> <td>____ (4) Occupied Units (#) (indicate unit: _____)</td> <td><input type="checkbox"/></td> <td>____ (12) Servicing Positions/Vehicle Fueling Positions _____ <input type="checkbox"/></td> </tr> <tr> <td>____ (5) Gross Floor Area (gross sq. ft.) _____</td> <td><input type="checkbox"/></td> <td>____ (13) Shopping Center % Out-parcels/pads _____ <input type="checkbox"/></td> </tr> <tr> <td>____ (% of development occupied _____)</td> <td><input type="checkbox"/></td> <td>____ (14) A.M. Peak Hour Volume of Adjacent Street Traffic _____ <input type="checkbox"/></td> </tr> <tr> <td>____ (6) Net Rentable Area (sq. ft.) _____</td> <td><input type="checkbox"/></td> <td>____ (15) P.M. Peak Hour Volume of Adjacent Street Traffic _____ <input type="checkbox"/></td> </tr> <tr> <td>____ (7) Gross Leasable Area (sq. ft.) _____</td> <td><input type="checkbox"/></td> <td>____ (16) Other _____ <input type="checkbox"/></td> </tr> <tr> <td>____ (% of development occupied _____)</td> <td><input type="checkbox"/></td> <td>____ (17) Other _____ <input type="checkbox"/></td> </tr> <tr> <td>____ (8) Total Acres (% developed): _____ <input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table>	Independent Variable: (include data for as many as possible) ²	Actual	Estimated	____ (1) Employees (#)	<input type="checkbox"/>	____ (9) Parking Spaces (% occupied): _____ <input type="checkbox"/>	____ (2) Persons (#)	<input type="checkbox"/>	____ (10) Beds (% occupied): _____ <input type="checkbox"/>	____ (3) Total Units (#) (indicate unit: _____)	<input type="checkbox"/>	____ (11) Seats (#) _____ <input type="checkbox"/>	____ (4) Occupied Units (#) (indicate unit: _____)	<input type="checkbox"/>	____ (12) Servicing Positions/Vehicle Fueling Positions _____ <input type="checkbox"/>	____ (5) Gross Floor Area (gross sq. ft.) _____	<input type="checkbox"/>	____ (13) Shopping Center % Out-parcels/pads _____ <input type="checkbox"/>	____ (% of development occupied _____)	<input type="checkbox"/>	____ (14) A.M. Peak Hour Volume of Adjacent Street Traffic _____ <input type="checkbox"/>	____ (6) Net Rentable Area (sq. ft.) _____	<input type="checkbox"/>	____ (15) P.M. Peak Hour Volume of Adjacent Street Traffic _____ <input type="checkbox"/>	____ (7) Gross Leasable Area (sq. ft.) _____	<input type="checkbox"/>	____ (16) Other _____ <input type="checkbox"/>	____ (% of development occupied _____)	<input type="checkbox"/>	____ (17) Other _____ <input type="checkbox"/>	____ (8) Total Acres (% developed): _____ <input type="checkbox"/>		
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		<input type="checkbox"/> (7) Not Given																																		

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.

<p>Other Data:</p> <p>Vehicle Occupancy (#): _____ 24-hour % _____</p> <p>A.M. _____ P.M. _____</p> <p>Percent by Transit: _____ 24-hour % _____</p> <p>A.M. % _____ P.M. % _____</p> <p>Percent by Carpool/Vanpool: _____ 24-hour % _____</p> <p>A.M. % _____ P.M. % _____</p> <p>Employees by Shift:</p> <table style="width:100%;"> <tr> <td>Start Time _____</td> <td>End Time _____</td> <td>Employees (#) _____</td> </tr> <tr> <td>First Shift:</td> <td></td> <td></td> </tr> <tr> <td>Start Time _____</td> <td>End Time _____</td> <td>Employees (#) _____</td> </tr> <tr> <td>Second Shift:</td> <td></td> <td></td> </tr> <tr> <td>Start Time _____</td> <td>End Time _____</td> <td>Employees (#) _____</td> </tr> <tr> <td>Third Shift:</td> <td></td> <td></td> </tr> <tr> <td>Start Time _____</td> <td>End Time _____</td> <td>Employees (#) _____</td> </tr> </table> <p>Parking Cost on Site: _____ Hourly _____ Daily _____</p>		Start Time _____	End Time _____	Employees (#) _____	First Shift:			Start Time _____	End Time _____	Employees (#) _____	Second Shift:			Start Time _____	End Time _____	Employees (#) _____	Third Shift:			Start Time _____	End Time _____	Employees (#) _____	<p>Transportation Demand Management (TDM) Information:</p> <p>At the time of this study, was there a TDM program (that may have impacted the trip generation characteristics of this site) underway?</p> <p><input type="checkbox"/> No</p> <p><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)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> (1) Transit Service</td> <td><input type="checkbox"/> (5) Employer Support Measures</td> <td><input type="checkbox"/> (9) Tolls and Congestion Pricing</td> </tr> <tr> <td><input type="checkbox"/> (2) Carpool Programs</td> <td><input type="checkbox"/> (6) Preferential HOV Treatments</td> <td><input type="checkbox"/> (10) Variable Work Hours/Compressed Work Weeks</td> </tr> <tr> <td><input type="checkbox"/> (3) Vanpool Programs</td> <td><input type="checkbox"/> (7) Transit and Ridesharing Incentives</td> <td><input type="checkbox"/> (11) Telecommuting</td> </tr> <tr> <td><input type="checkbox"/> (4) Bicycle/Pedestrian Facilities and Site Improvements</td> <td><input type="checkbox"/> (8) Parking Supply and Pricing Management</td> <td><input type="checkbox"/> (12) Other _____</td> </tr> </table>	<input type="checkbox"/> (1) Transit Service	<input type="checkbox"/> (5) Employer Support Measures	<input type="checkbox"/> (9) Tolls and Congestion Pricing	<input type="checkbox"/> (2) Carpool Programs	<input type="checkbox"/> (6) Preferential HOV Treatments	<input type="checkbox"/> (10) Variable Work Hours/Compressed Work Weeks	<input type="checkbox"/> (3) Vanpool Programs	<input type="checkbox"/> (7) Transit and Ridesharing Incentives	<input type="checkbox"/> (11) Telecommuting	<input type="checkbox"/> (4) Bicycle/Pedestrian Facilities and Site Improvements	<input type="checkbox"/> (8) Parking Supply and Pricing Management	<input type="checkbox"/> (12) Other _____
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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																		
A.M. Peak Hour of Adjacent Street Traffic (7 - 9) Time (ex.: 7:15 - 8:15):																		
P.M. Peak Hour of Adjacent Street Traffic (4 - 6) Time:																		
A.M. Peak Hour Generator ² Time:																		
P.M. Peak Hour Generator ² Time:																		
Peak Hour Generator ³ Time (Weekend):																		

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

Hourly Driveway Volumes- Average Weekday (M-F)

A.M. Period	Enter		Exit		Total		Mid-Day Period		Exit		Total		P.M. Period		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: _____
 Organization: _____
 Address: _____
 City/State/Zip: _____
 Telephone #: _____ Fax #: _____ E-mail: _____

Please return to: Institute of Transportation Engineers
 Technical Projects Division
 1627 Eye Street, NW, Suite 600
 Washington, DC 20006 USA
 Telephone: +1 202-785-0060
 Fax: +1 202-785-0609
 ITE on the Web: www.ite.org

 Institute of Transportation Engineers
Trip Generation Data Form (Part 3)

Name/Organization: _____ City/State: _____

Telephone Number: _____

Detailed Driveway Volumes: Attach this sheet to Parts 1 and 2 if you are providing additional information.

Day of the week: _____ (All = All Vehicles Counted, Including Trucks; Trucks = Heavy Duty Trucks and Buses)

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

Trip Generation Data Form (Part 4)

Summary of Bicycle Volumes

	Average Weekday (M-F)			Saturday			Sunday		
	Enter	Exit	Total	Enter	Exit	Total	Enter	Exit	Total
24-Hour Volume									
A.M. Peak Hour of Adjacent ¹ Street Traffic (7 – 9) Time (ex.: 7:15 - 8:15):									
P.M. Peak Hour of Adjacent ¹ Street Traffic (4 – 6) Time:									
A.M. Peak Hour Generator ² Time:									
P.M. Peak Hour Generator ² Time:									
Peak Hour Generator ³ Time (Weekend):									

- Highest hourly volume between 7 a.m. and 9 a.m. (4 p.m. and 6 p.m.) as defined in Trip Generation Data Form (Part 2). Please specify the peak hour.
- Highest hourly volume during the a.m. or p.m. period. Please specify the peak hour.
- Highest hourly volume during the entire day. Please specify the peak hour. Please attach supplemental hourly volumes. Please refer to the *Trip Generation User's Guide* for full definition of terms.

Summary of Pedestrian Volumes

	Average Weekday (M-F)			Saturday			Sunday		
	Enter	Exit	Total	Enter	Exit	Total	Enter	Exit	Total
24-Hour Volume									
A.M. Peak Hour of Adjacent ¹ Street Traffic (7 – 9) Time (ex.: 7:15 - 8:15):									
P.M. Peak Hour of Adjacent ¹ Street Traffic (4 – 6) Time:									
A.M. Peak Hour Generator ² Time:									
P.M. Peak Hour Generator ² Time:									
Peak Hour Generator ³ Time (Weekend):									

Survey conducted by: Name: _____

Organization: _____

Address: _____

City/State/Zip: _____

Telephone #: _____ Fax #: _____ E-mail: _____

Please return to: Institute of Transportation Engineers
 Technical Projects Division
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 ITE on the Web: www.ite.org