 ODOT SIGNAL TIMING

CORRIDOR INFORMATION

**Corridor name, County-Route-Section (Begin to End MM):**

Click here to enter text.

**Jurisdiction providing info:** Click here to enter text.

**Primary Contact with contact info for jurisdiction:** Click here to enter text.

**Secondary Contact:** Click here to enter text.

**Access to cabinets with standard key?** Choose an item.

**Pre-notification for cabinet access required?** Choose an item.

**If so, who?** Click here to enter text.

**Who will be responsible for implementing the timing (Agency, Consultant, Other)?** Click here to enter text.

**Functional Class:** Choose an item.

**Parent (Zero Offset) Intersection location:** Click here to enter text.

**Would you like to change the Parent location?** Choose an item.

**If yes, which intersection?** Click here to enter text.

**Is the corridor near a facility that creates large fluctuations of volumes at certain times of day (i.e.—mall, shopping center, sports complex, school, special events)? If so, list the locations and times of known volumes:**

Click here to enter text

**Does the corridor require detailed counts and studies to create weekend plans?**

Choose an item.

**Corridor speed(s) for traffic modeling:**

Click here to enter text.

**Do any intersections need investigated for conversion to PT/PM or PT LTs?**

Click here to enter text.

**Are you open to lagging left turns, if it optimizes the corridor performance?**

Choose an item.

**Should Leading Pedestrian Intervals be implemented along the corridor?**

Choose an item.

**If yes, at which intersections?** Click here to enter text.

**Pedestrians:** Choose an item.

**Is there Emergency Vehicle Preemption?** Choose an item.

**If yes, which intersections:** Click here to enter text.

**Is there Railroad Preemption?** Choose an item.

**If yes, which intersections:** Click here to enter text.

**Select Minimum Green value to use from the following ranges:**

|  |  |  |
| --- | --- | --- |
| **Movement** | **Minimum Green (sec)** | **ODOT Recommendations (sec)** |
| Mainline Through | 20-30 | 20 |
| Side street Through | 8-12 | 10 |
| All Left Turns | 6-8 | 7 |

**Mainline Through:** Choose an item.

**Side Street Through:** Choose an item.

**All Left Turns:** Choose an item.

**Select Walk time value (sec) to use:**

**Walk time:** Choose an item.

**Cycle length (sec)**

**Minimum:** Choose an item.

**Maximum:** Choose an item.

**Does the system operate in either Responsive or Adaptive Mode?** Choose an item.

**Equipment Type(s)  
Cabinets:** Choose an item.

**Controllers:** Choose an item.

**Controller model(s):** Click here to enter text.

**List any current or upcoming projects along the route or that may use the route as a diversion route with any additional comments on the work (provide plans if applicable):**

Click here to enter text.

**List any planned maintenance activities and dates if available (i.e.—at a certain intersection, a 3-section VSH will be replaced by a 5-section VSH in two weeks):**

Click here to enter text.

**If issues are found by the consultant during the Equipment Inspection, does the jurisdiction have staff and/or funding to repair? Note: To continue with the timing project/funding, there needs to be up front commitment to fix problems across all jurisdictions.** Choose an item.

**The issues that are found must be fixed within 4 weeks of the Equipment Inspection delivery by the consultant. What timeframe can the jurisdiction commit to fix the issue?** Choose an item.

**If the corridor is across multiple jurisdictions, are all maintenance responsibilities agreed upon:** Choose an item.

**Notes on timings or exceptions for certain intersections (i.e.—adjusted offset at a certain intersection to provide for a link to clear out so an off ramp could empty):** Click here to enter text.

**Notes on notable problems areas (i.e.—traffic always backs up in a certain area at a time of day, etc.):**

Click here to enter text.

**Additional Documentation given to the consultant (i.e.—existing plans, historical counts, and historical Synchro files):**

Click here to enter text.

**Additional General Comments:**

Click here to enter text.

**Notes:**

* No half-cycling allowed
* Yellow Change and Red Clearance Intervals for ODOT maintained signals shall follow TEM 403-2
* Split/Offsets shall be in seconds, not percent
* Offset Referenced to the End of Green

**For Local (non-ODOT) corridors:**

This funding is federal safety funds. If this funding is issued to your community, the Local is required to fix any issues found during the required inspection. All items identified by ODOT’s contractor must be repaired by the Local at the Local’s expense within four weeks of notification.

In addition, the Local must maintain the timing developed during the project for a minimum of one year, unless there is sound engineering judgment to change from the recommended timings and notification sent to ODOT. Failure to maintain the timing may impact future federal funding provided to the city.

***Consideration:*** If your pedestrian clearance intervals (flashing Don’t Walk) or vehicular clearance interval (Yellow & All Red Time) have not been updated recently, there is a chance your cycle length, and therefore side street delay, will need to increase.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_