

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:	Zip/Postal Code:	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 type="checkbox"/> (4) Suburban CBD <input type="checkbox"/> (6) Freeway Interchange Area (Rural) <input type="checkbox"/> (7) Not Given				Detailed Description of Development: ³	
Independent Variable: (include data for as many as possible) ²		Actual	Estimated	Actual	Estimated
_____ (1) Employees (#)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (10) Parking Spaces (#)	<input type="checkbox"/>	<input type="checkbox"/>
_____ (2) Persons (#)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (11) Occupied Beds (#)	<input type="checkbox"/>	<input type="checkbox"/>
_____ (3) Units (#)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (12) Seats (#)	<input type="checkbox"/>	<input type="checkbox"/>
_____ (4) Occupied Units (#)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (13) Servicing Positions/Vehicle Fueling Positions _____	<input type="checkbox"/>	<input type="checkbox"/>
_____ (5) Gross Floor Area (gross sq. ft.) (% of development occupied _____)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (14) Shopping Center % Out-parcels/pads	<input type="checkbox"/>	<input type="checkbox"/>
_____ (6) Net Rentable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (15) A.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"/>	_____ (16) P.M. Peak Hour Volume of Adjacent Street Traffic	<input type="checkbox"/>	<input type="checkbox"/>
_____ (8) Occupied Gross Leasable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (17) Other _____	<input type="checkbox"/>	<input type="checkbox"/>
_____ (9) Acres	<input type="checkbox"/>	<input type="checkbox"/>	_____ (18) Other _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Definitions for several independent variables can be found in the Trip Generation Handbook Glossary.

3. Please provide all pertinent information that helps to describe the subject project. If necessary, attach a detailed report.

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: First Shift: Start Time _____ End Time _____ Employees (#) _____ Second Shift: Start Time _____ End Time _____ Employees (#) _____ Third Shift: Start Time _____ End Time _____ Employees (#) _____ Parking Cost on Site: Hourly _____ Daily _____		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 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) <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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Please Complete Form on Other Side

ite 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																		
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 AM and 9 AM (4 PM and 6 PM).**
 - Highest hourly volume during the AM or PM period.**
 - Highest hourly volume during the entire day.**
- Please refer to the *Trip Generation User's Guide* for full definition of the terms.

Hourly Driveway Volumes- Average Weekday (M-F)

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 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
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 Washington, DC 20005-3438 USA
 Telephone: +1 202-289-0222
 FAX: +1 202-289-7722
 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, Except 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		
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						
6:15-6:30							6:15-6:30						
6:30-6:45							6:30-6:45						
6:45-7:00							6:45-7:00						
7:00-7:15							7:00-7:15						
7:15-7:30							7:15-7:30						
7:30-7:45							7:30-7:45						
7:45-8:00							7:45-8:00						
8:00-8:15							8:00-8:15						
8:15-8:30							8:15-8:30						
8:30-8:45							8:30-8:45						
8:45-9:00							8:45-9:00						
9:00-9:15							9:00-9:15						
9:15-9:30							9:15-9:30						
9:30-9:45							9:30-9:45						
9:45-10:00							9:45-10:00						
10:00-10:15							10:00-10:15						
10:15-10:30							10:15-10:30						
10:30-10:45							10:30-10:45						
10:45-11:00							10:45-11:00						
11:00-11:15							11:00-11:15						
11:15-11:30							11:15-11:30						
11:30-11:45							11:30-11:45						
11:45-12:00							11:45-12:00						