

YIELD TO PEDESTRIAN CHANNELIZING DEVICE DISTRIBUTION AND SURVEY TRACKING

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION



DISTRICT NAME	DISTRICT NUMBER _____ - 0
MUNICIPALITY	TOTAL DEVICES RECEIVED

Location Number	Pre-Survey Date	Date of Distribution of Device(s)	Date of 7-Day Post Survey	Date of 30-Day Post Survey	Date of 180-Day Post Survey
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					