

Erie County Sobriety Checkpoint | PLANNING WORKSHEET

ERIE COUNTY STOP DWI & ERIE COUNTY HOMELAND SECURITY & EMERGENCY SERVICES

BASIC DETAILS:

CHECKPOINT DATE:		START TIME: <small>(OFFICERS IN THE STREET)</small>	END TIME:
CHECKPOINT LOCATION: <small>(INCLUDE CROSS-STREETS)</small>			
HOST AGENCY:			
SAFETY BRIEFING TIME:		LOCATION:	
# OF OFFICERS FROM HOST AGENCY:		# OF OFFICERS REQUIRED FROM OUTSIDE AGENCIES:	
<small>(Minimum of 11 total recommended – Use more as needed for safety, etc.)</small>			

CHECKPOINT CONTACTS:

SITE COMMANDER NAME/RANK:			
SITE COMMANDER PHONE:		EMAIL:	
SECONDARY CONTACT NAME/RANK:			
SECONDARY CONTACT PHONE:		EMAIL:	
EMAIL OF INDIVIDUALS YOU WOULD LIKE COPIED RELATED TO THIS CHECKPOINT:			
<input type="checkbox"/> Are you requesting Temporary Traffic Control assistance from Erie County Emergency Services? [This section completed by ESU]			
ESU CHECKPOINT COORDINATOR:			
ESU COORDINATOR PHONE:		EMAIL:	
ESU STAFF ASSIGNED:			
ESU SET-UP START TIME:			
SITE INSPECTION COMPLETED BY:		DATE:	

SITE CONSIDERATIONS: (To be completed by Host Agency Rep and/or ESU POC)

<ul style="list-style-type: none"> ✓ Select locations where there is sufficient fixed illumination and adequate sight distance/visibility from both directions to allow for advance warning. ✓ Select locations with adequate space to pull a vehicle over, off the roadway, for secondary inspection (Ex.-Rest area, parking lot, etc.). <ul style="list-style-type: none"> ○ As an alternate, set up the Secondary Inspection Area downstream of the Work Area (Box) if an off-road location is not available. ✓ Avoid using right hand shoulders as this exposes the officer and driver to traffic. ✓ Avoid locations on or near dangerous/blind curves; hillcrests, railroad crossings, bridges or narrow two-lane roadways. 			
ROADWAY TYPE:	<input type="checkbox"/> INTERSTATE <input type="checkbox"/> ENTRANCE/EXIT RAMP <input type="checkbox"/> HIGHWAY <input type="checkbox"/> RESIDENTIAL STREET		
# OF LANES IN EACH DIRECTION:		SPEED LIMIT:	SIGHT DISTANCE (Ft.):
TRAVEL DIRECTIONS CHECKPOINT TO BE CONDUCTED IN:	<input type="checkbox"/> NORTHBOUND <input type="checkbox"/> SOUTHBOUND	<input type="checkbox"/> EASTBOUND <input type="checkbox"/> WESTBOUND	<input type="checkbox"/> CENTER TURN LANE PRESENT
CURVES, HILLS OR OTHER SIGHT OBSTRUCTIONS:			
<input type="checkbox"/> OVERHEAD STREET LIGHTING AVAILABLE	<input type="checkbox"/> ADDITIONAL LIGHTING REQUIRED-WORK AREA <input type="checkbox"/> ADDITIONAL LIGHTING REQUIRED-SECONDARY INSPECTION AREA		
<input type="checkbox"/> OFF-ROAD SECONDARY INSPECTION AREA AVAILABLE	<input type="checkbox"/> DOWNSTREAM SECONDARY INSPECTION AREA REQUIRED		

NOTES: Additional concerns or resources needed. Attach site map or drawing as appropriate.	_____ _____ _____ _____
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