

Average Vehicle Ridership (AVR) Survey Form

Employee Information (Please Print)

Name	Home Zip Code
Miles to Work Site from Home (one way)	Employee I.D. #
	Department/Section

Phone Ext. Signature & Date

Instructions:

Please complete the **Arrivals/Departure for: 6a.m.-10a.m. and 3p.m.-7p.m.** Fill in the correct letters from the **Transportation Modes Legend**, for each day indicating how you arrived at and departed from work during the indicated week.

Example: Survey Week: from Monday, 11/1 to Friday, 11/5

Indicate days >>>>>>>> Monday Tuesday Wednesday Thursday Friday

1. Fill in the transportation mode from legend here (letter A-CC)	A	A	C	C	CC
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Transportation Modes Legend

- | | | |
|--------------------------|---|---|
| A. Drive Alone | L. 11 Persons in Vehicle | V. Telecommute |
| B. Motorcycle | M. 12 Persons in Vehicle | (reduction of more than 50% of trip) |
| C. 2 Persons in Vehicle | N. 13 Persons in Vehicle | W. Noncommuting |
| D. 3 Persons in Vehicle | O. 14 Persons in Vehicle | |
| E. 4 Persons in Vehicle | P. 15 Persons in Vehicle | Compressed Work Week Day (S) Off |
| F. 5 Persons in Vehicle | Q. Bus | X. 3/36 work week days off (2 days) |
| G. 6 Persons in Vehicle | R. Rail/Plane | Y. 4/40 work week day off (1 day) |
| H. 7 Persons in Vehicle | S. Walk | Z. 9/80 work week day off (1 day) |
| I. 8 Persons in Vehicle | T. Bicycle | |
| J. 9 Persons in Vehicle | U. Electric Vehicle/
Zero Emission Vehicle/
NO HYBRIDS | All Other Days Off |
| K. 10 Persons in Vehicle | | AA. Vacation |
| | | BB. Sick |
| | | CC. Other Days Off... |

Survey Week: from _____ **to** _____

Arrivals/Departures for: 6a.m.-10a.m.

• If you did not arrive/depart between 6a.m.-10a.m fill in with: (CC)

Indicate days >>>>>>>>>

1. Fill in transportation mode from legend here (letters A-CC)					
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Arrivals/Departures for: 3p.m.-7p.m.

• If you did not arrive/depart between 3p.m.-7p.m. fill in with: (CC)

2. Fill in transportation mode from legend here (letters A-CC)					
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Thank you for your cooperation!