FLORIDA DEPARTMENT OF TRANSPORTATION
STEP 1 - ROUNDABOUT SCREENING

Prepared by:	**Date Prepared:**
Financial Project ID:	**Project Name:**
FAP No.:	**State Road:**
County:	**Intersecting Road:**

EXISTING CONTROL/PROJECT CLASSIFICATION				
Control: ☐ Signal	☐ All Way Stop	☐ 2 Way Stop	☐ Yield	☐ None
Classification:	☐ Design.	☐ Traffic Operations	☐ Other	

SCREENING CRITERIA		
1. Does the intersection have physical or geometric constraints that would limit visibility or complicate construction? *(comment below if "yes")*	☐ yes	☐ no
2. Does the major roadway AADT exceed 90% of the total intersection AADT? *(comment below if "yes")*	☐ yes	☐ no
3. Does the intersection have pedestrians with special needs that would have difficulty crossing the road? *(comment below if "yes")*	☐ yes	☐ no
4. Is the intersection located within a coordinated signal network? *(comment below if "yes")*	☐ yes	☐ no
5. Is there downstream traffic control or conditions that could cause queues to back up into the intersection? *(comment below if "yes")*	☐ yes	☐ no
6. Would the installation of a roundabout create impacts to historical, 4(f), or environmentally sensitive sites? Would the relocation of residences or businesses be required? *(comment below if "yes")*	☐ yes	☐ no

Step 2 evaluation is required if no is checked for all criteria. Level 2 is optional if yes is checked for one or more of the criteria.

Advance Roundabout Alternative to step 2 Roundabout b/c Evaluation	☐ yes	☐ no
Approved by: ☐ DDE or ☐ DTOE		
Signature: _____	Date: _____	