TRAFFIC COUNT SURVEY FORM

Survey Title:					
Survey Route	**Survey Title:**		**Survey Execution**	**Date:**	
	Road No:			**Weather**	
Direction	**From:**			**Surveyor:**	
	To:			**Supervisor:**	

Time	1	2	3	4	5	6	8	9
	Bicycles	**Motorcycles**	**Tuk-tuks**	**Cars**	**Minibuses**	**Buses**	**Light Trucks (<4 axles)**	**Heavy Trucks (>4 axles)**
								
00:00-00:15								
00:15-00:30								
00:30-00:45								
00:45-01:00								
Total:								