

**City of Pasadena**

**Transportation Demand Management (TDM)**

**Annual Status Report for Reporting Period:**

From month/yr. \_\_\_\_\_ To month/yr. \_\_\_\_\_

**Work site:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Report Submitted by:**

\_\_\_\_\_

**Property Owner's Name** \_\_\_\_\_

**Name/Signature** \_\_\_\_\_

**Name (highest ranking official on site):**

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Number/E-mail Address** \_\_\_\_\_

**Name of person completing this report:**

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Title:**

**Name of Certified Transportation Coordinator**

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Phone Number/E-mail Address**

On Site Office Location: \_\_\_\_\_

Date of Training Certification \_\_\_\_\_

(Please attach a copy of the Coordinator's training certificate to this report.)

Training Program Provider \_\_\_\_\_

Average amount of time Transportation Coordinator spent implementing and administering the program during this reporting period: Hours per week \_\_\_\_\_.

**A. EMPLOYEE INFORMATION**

Employee is defined as any full-time employee working at this work site. Property owners/developers must include all tenants and their employees (i.e., office, retail, parking attendants, and other permanent employees at the work site).

Total Number of Employees at Worksite \_\_\_\_\_

(include tenant employees, if applicable)

If this is a multi-tenant worksite, complete Form A (Tenant Supplemental) on the last page.

**Employee Survey Information:**

**Date of last Employee Survey** \_\_\_\_\_

	<b>No. of Employees Responding</b>	<b>Percent of Total Employees</b>
Previous Reporting Period	_____	_____
Current Reporting Period	_____	_____

**Employee Means of Transportation:**

Previous Reporting Period \_\_\_\_\_ Current Reporting Period \_\_\_\_\_

	No. of Employees	Percent	No. Employees	Percent
Solo Drivers _____	_____	_____	_____	_____
Carpool of 2 _____	_____	_____	_____	_____
Carpool of 3+ _____	_____	_____	_____	_____
Vanpool _____	_____	_____	_____	_____
Transit _____	_____	_____	_____	_____
Bicycle _____	_____	_____	_____	_____
Walk _____	_____	_____	_____	_____
Non-Respond _____	_____	_____	_____	_____
<b>TOTAL:</b> _____		100%	_____	100%

**Work hours:** \_\_\_\_\_

**Number of Employees Reporting to Worksite**

Between 7 AM and 9 AM \_\_\_\_\_

Between 4 PM and 7 PM \_\_\_\_\_

**B. AVERAGE VEHICLE RIDERSHIP (AVR) CALCULATIONS**

AVR = Total Employees Divided by Total Vehicles Driven by these Employees

*NOTE: AVR Calculations approved by the South Coast Air Quality Management District can be substituted for this section – attach with AQMD approval letter.*

	No. of Employees	x	Vehicles	=	Vehicle Trips
Solo Drivers _____	_____	x	_____	=	_____
Carpool of 2 _____	_____	x	_____	=	_____
Carpool of 3+ _____	_____	x	_____	=	_____
Vanpool _____	_____	x	_____	=	_____
Transit _____	_____	x	_____	=	_____
Bicycle _____	_____	x	_____	=	_____
Walk _____	_____	x	_____	=	_____
Non-Respondents _____	_____	x	_____	=	_____
<b>Total Employees</b> _____			<b>Total Vehicle Trips</b> _____		

Current AVR for this report period: \_\_\_\_\_

AVR Goal for current reporting period: \_\_\_\_\_

AVR for previous reporting period: \_\_\_\_\_

**C. VEHICLE COUNTS**

Peak Period Trip Reduction:

“Peak period trips” are defined as all commuter trips arriving between the hours of 7:00 AM TO 9:00 AM and departing between the hours of 4:00 PM and 7 P.M. Monday through Friday.

Trips leaving the site during the AM peak (i.e. night shift workers) or arriving during the PM peak must be counted as one half (1/2) of a peak period trip.

	Peak Period Trips Goal	Actual
a. Previous Reporting Period	_____	_____
b. Current Reporting Period	_____	_____
c. Actual Peak Period Trips Reduced During current report period (a-b)	_____	_____

What method was used to count vehicles (i.e. manual counts, electronic parking system reports, etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. ALTERNATIVE WORK SCHEDULES**

Indicate below the type of work schedules that exist at the worksite.

Work Schedule	No. of Employees
5/40 (5 days, 40 hour work week)	_____
4/40 (4 days, 40 hour work week)	_____
9/80 (9 days, 80 hours)	_____
3/12 (3 twelve hour days)	_____
Other: _____	_____

Describe any other alternative work schedule programs that are practiced at the worksite (i.e. flextime, staggered work hours, etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. TRANSPORTATION MANAGEMENT ASSOCIATION/METRO**

**E-1 Participation/Attendance/Workshops attended during reporting period**

Describe any involvement your organization has in supporting the operations of a transportation management association (host bi-monthly meetings; meeting location; refreshments).

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**Total number of TMA Bi-Monthly meetings attended** \_\_\_\_\_

**Total number of Metro Commute Services workshops attended** \_\_\_\_\_

**Number of certifications received (i.e. Marketing, Vanpool)** \_\_\_\_\_

**F. COMMUTER INCENTIVES**

**F.1 Parking Facilities: Charge a Parking Fee** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

If employees are charged to park what is the monthly parking fee? \$ \_\_\_\_\_

Total Number of Employee Parking Spaces (on and off site) \_\_\_\_\_

Number of Carpool spaces signed and stenciled on-site \_\_\_\_\_

Number of Carpool spaces assigned/sold at time of this report \_\_\_\_\_

Number of Vanpool spaces signed and stenciled on-site \_\_\_\_\_

Number of Vanpool spaces assigned during this report \_\_\_\_\_

**F.2 Ridematching Services**

Indicate below the method used to provide ridematching information to employees:

\_\_\_\_\_ Metro Rideshare \_\_\_\_\_ Worksite Specific (AQMD approved)

Other \_\_\_\_\_

Describe the effectiveness of the ridematching activities during this reporting period in terms of number of employee requests, matchlists distributed, follow-up calls made by the Coordinator, employees placed in ridesharing arrangements, etc.

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**F. 3 Carpool Activities**

Number of carpool groups formed during this reporting period \_\_\_\_\_

Total number of carpool groups formed to date \_\_\_\_\_

Total number of employees participating in these carpools \_\_\_\_\_

Describe the carpool activities offered at the worksite (i.e. number of employee meetings held, personal assistance offered, etc.):

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Describe any carpool subsidies that were provided during this report period (i.e. free smog checks, oil changes, car washes, cash incentives, free or reduced parking rates, etc.):

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Employee parking fee – per month \$ \_\_\_\_\_

**F.4 Vanpool Activities:**

Number of vanpool groups formed during this reporting period. \_\_\_\_\_

Total Number of vanpool groups formed to date \_\_\_\_\_

Total number of employees participating in these vanpools \_\_\_\_\_

Describe any fare subsidies that were provided during this report (i.e. free or discounted monthly fare, underwriting the cost of empty seats, parking fee reductions, Agency incentive programs, etc.).

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Describe the vanpool activities offered at the worksite (i.e. number of employees, meetings held, personal assistance offered, etc.).

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**F. 5 Transit Activities**

Number of transit passes or other bus fare media sold at the worksite during the report period.

Per month\_\_\_\_\_

Total for this reporting period\_\_\_\_\_

Explain if other than a monthly transit pass (ARTS coupons, 10 tokens, etc.)

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Describe any fare subsidies that were provided during this report period (i.e. free or discounted monthly transit pass, etc.):

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Describe the transit activities offered at the worksite (i.e. number of employee meetings held, personal assistance offered, etc.):

**F.6 Bicycle Commuting Activities**

	Number	Average Daily Use
Bicycle Parking spaces available	_____	_____
Bicycle storage lockers available	_____	_____

Describe other bicycle commuter facilities provided at the worksite (i.e. showers, clothes lockers, etc.)

Describe the bicycle commuter incentives offered at the worksite (i.e. number of employees meetings held, personal assistance offered, cash incentives, etc.);  
Bike to Work Week event:

**F.7 Walker Activities**

Describe any walking commuter incentives offered at the worksite (i.e. number of employee meetings held, personal assistance offered, cash incentives, etc.)

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**F.8 Guaranteed Ride Home**

**Agency Providing Guaranteed Ride Home Program:**

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Emergency transportation provided to program participants during this reporting period

\_\_\_\_\_ Number of rides provided during the last \_\_\_\_\_ months.

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Type of transportation provided (i.e. taxi service, rental car, company vehicle, other).

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**F.9 Marketing Promotional Activities**

(Include examples of marketing materials – pictures of bulletin boards)

Events: Describe any special events that took place at the worksite during this reporting period (i.e. transportation fair, seminars, raffles, etc.)

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Employee Meetings: Describe the type and number of employee meetings conducted during this reporting period (i.e. new-hire orientation, carpool matches, and vanpool group information meetings)

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Describe any other marketing activities that were conducted at the worksite (i.e. commuter clubs, awards and recognition).

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**F.10 Other employee transportation services:**

Describe any additional activities that were conducted during this reporting period. Attach additional pages if necessary.

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