



RULE 2202 - REGISTRATION FORM

APPENDIX A – Average Vehicle Ridership Survey Form & Instructions

Employee Instructions for Completing the Average Vehicle Ridership Survey Form:

- 1. Employee Information:** Complete the Employee Information Section, including signature and date.
- 2. Time You Began Work:** Indicate the time you began work each day of the designated survey week and circle a.m. or p.m. as applicable. Also indicate your typical start time on those days that you are scheduled to work but you are absent from work. For example, if you ride with another person, on Monday, Tuesday, Wednesday, and Thursday but you are sick on Friday, check off line “C,” “2 persons in vehicle” and indicate the time you began working on each of those four days. Check off line “BB,” “Sick” and indicate what would have been your typical start time on Friday.
- 3.** Please be sure you make only one check mark for each day in rows “A” thru “CC” for the week of the survey. There should be a total of only five (5) check marks on the survey form for the entire five (5) day survey week.
- 4. Mode:** Check off line “A” if you drive to work alone in a passenger car, truck, or van. Check off line “B” if you drive to work alone in a motorcycle. Check off one row from line “C” to line “P” for each day of the week you ride in a vehicle occupied by two (2) to fifteen (15) persons. This indicates the number of persons traveling to work together for more than 50% of the total trip distance in each of the corresponding lines. Employees who work for different employers, as well as non-employed people, are included in this count as long as they are in the vehicle for more than 50% of the total trip distance.

For example, if you ride with another person, on Monday and Tuesday, check off line “C,” “2 persons in vehicle” on those two days. If, however, you ride with two other persons on Wednesday and Thursday, you should check off line “D,” “3 persons in vehicle,” on those two days. If you ride to work with three other persons, you should check off line “E,” “4 persons in vehicle,” for that day. If you ride to work in a 7-passenger van, but there are only 5 persons in the vehicle, you should check off line “F” “5 persons in vehicle”. Please always use the number of persons riding in the vehicle (occupancy), not vehicle capacity.
- 5. Bus:** Make a check mark on line “Q” for every day that you take a bus to work. You count as a bus rider if you travel to work by bus for more than 50% of the total trip distance.
- 6. Rail/Plane:** Make a check mark on line “R” for every day that you take rail to work. You can also use this line if you commute to work by plane. You count as a rail/plane rider if you travel to work by rail or plane for more than 50% of the total trip distance.
- 7. Walk or Bicycle:** Make a check mark on line “S” or “T” for every day that you report to work by walking or riding a bicycle respectively. You count as a walker/biker if you walk/bike to work for more than 50% of the total trip distance.



RULE 2202 - REGISTRATION FORM

APPENDIX A – Average Vehicle Ridership Survey Form & Instructions

8. **Zero Emission Vehicle:** Make a check mark on line “U” for every day that you commute to work in a zero emission vehicle (excluding Hybrid Vehicles). Do not check any other rows for that day. If you carpool in a zero emission vehicle, please check off line “U” on that/those day(s).
9. **Telecommute:** Make a check mark on the day you telecommute. Telecommuting is defined as working at home, or at a telecommuting center during the entire day. Make a check mark on line “V” if you work at home, or if your commute to a telecommuting center results in a reduction of more than 50% or your commute distance between your home and your worksite.
10. **Noncommuting:** Make a check mark on line “W” to indicate the days you are either outside the SCAQMD jurisdiction (all of Orange County and the non-desert portions of Los Angeles, San Bernardino, and Riverside counties) to complete work assignments, or you generate no vehicle trips associated with arriving at the worksite (e.g., hospital employees, fire fighters, airline employees, etc.)
11. **Compressed Work Week Day(s) Off:** Make a check mark on line “X” or “Y” or “Z” to indicate your compressed work week day off. Check this only if you were off during the survey week. Please include your typical start time on the day(s) you are on a compressed work week day(s) off.
- 3/36- work 3 days/12 hours each day; 2 days off
4/40- work 4 days/10 hours each day; 1 day off
9/80- work 9 days/80 hours; 1 day off in a 2 week period
12. **Other Days Off:** During the week of the survey, if you are on vacation, check “AA” for those days; if you are sick, check “BB” for those days. Please include your typical start time on the day(s) you were off. Check “CC” if you are absent from work for any of the following reasons (other than vacation or sick):
1. Jury duty
 2. Military duty
 3. Not scheduled to work on that day (other than compressed work day off)
 4. Maternity Leave
 5. Bereavement Leave
 6. Long term Medical/Disability Leave (LOA)

If you have any questions about how to properly complete the survey form, contact your designated Employee Transportation Coordinator _____ at _____.