

Thank you for helping Citizens for Modern Transit (CMT) and Metro Public Safety provide insight as it relates to the implementation of safety and security measures on the MetroBus system. Please fill out as much of the survey as possible. Thanks for your help!

* 1. Monitor Information

Name	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

* 2. Bus Route # and State (Missouri or Illinois)

* 3. Departure Bus Stop (Stop # & location) / Transit Center

* 4. What time did you arrive at the departure bus stop / transit center?

Date / Time

Date	Time	AM/PM
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="hh"/> <input type="text" value="mm"/>	<input type="text" value="-"/>

* 5. Overall Condition of Departure Bus Stop / Transit Center

- | | |
|---------------------------------|----------------------------|
| <input type="radio"/> Excellent | <input type="radio"/> Fair |
| <input type="radio"/> Very Good | <input type="radio"/> Poor |
| <input type="radio"/> Good | |

* 6. Is the signage at the stop clear and easy to read?

- Yes
- No (please specify, including stop #)

* 7. Destination Bus Stop / Transit Center

* 8. What time did you arrive at the destination stop / transit center?

Date / Time

Date Time AM/PM

* 9. Overall Condition of Destination Bus Stop / Transit Center

- Excellent
- Very Good
- Good
- Fair
- Poor

* 10. Is the signage at the stop clear and easy to read?

- Yes
- No (please specify, including stop #)

* 11. Was there visible security during your trip?

- No
- Yes (please specify where they were visible).

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* 12. What type of security was visible during your trip?

- Metro Security Staff
- St. Louis County Police
- St. Louis City Police
- Other (please specify)

* 13. Did you witness any nuisance behavior (smoking, loud music, etc.)? You can review the Passenger Code of Conduct [HERE](#).

- No
- Yes (Please specify).

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* 14. Was this nuisance behavior addressed in any way?

- No
- Yes (please specify).

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* 15. If no security was visible during your trip, did you feel safe?

- Yes
- No

* 16. Did you witness any nuisance behavior (smoking, loud music, etc.)? You can review the Passenger Code of Conduct [HERE](#).

- No
- Yes (Please specify).

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* 17. Was the bus on time?

- Yes
- No (please specify)

18. Please provide us with any other comments you might have on the condition of bus stop(s) / transit center(s). Photos and additional questions/comments can be emailed to info@cmt-stl.org.

19. Please provide us with any comments you might have concerning your experience purchasing/displaying your fare or using the ticket vending machines.

20. Please provide any comments you have on your experience during your MetroBus trip.

21. Please describe any exceptional performance you may have witnessed during your trip.