**Name of Company/Organisation/Institute | Pedestrian OD Survey**

Surveyor: Location:

Time: Date:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| S.No | Origin(Ped trip) | Destination (Ped Trip) | Track Trip Chain | Time Taken to walk | Purpose | Trip Frequency | Problems |
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For walk trip only

Trip Chain: From main origin to main destination including all modes.

Work/Education/Leisure /Shopping/ others (mention)

For walk trip only