

Location: _____, 2/13/18 audit

NEIGHBORHOOD SAFETY AUDIT

LOCATION: _____

TIME: _____

AUDIT TEAM MEMBERS:

Instructions:

- Everyone on the team will receive an audit form to take notes.
- One person in the group will serve as the team recorder and will write down the group's consensus.
- If there are categories that do not apply simply indicate N/A beside the question and move on.
- Be sure to write comments in the designated boxes, especially if there are different views by team members and consensus is not possible.

1. General impressions with the area. List five words that summarize your feelings while standing in this area during the audit.

Location	Notes
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	

2. Lighting

a] What is your impression of the lighting?

Location - Choose One	Notes
Very poor Poor Satisfactory Good Very good	

b] Is the lighting consistent throughout the space?

Location - Choose one	Notes
Yes No	

c] How many, if any, lights are out? _____

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d] Do you know where/whom to call if lights are out, broken, not yet turned on?

Location - Choose one	Notes
Yes	
No	

e] Outdoors: Is the lighting obscured by trees or bushes? (On cover map, sketch where this is happening)

Location - Choose one	Notes
Yes	
No	

3. Signage (good signage lets you know where you are, what resources are available, and helps you develop some familiarity with the location)

a] Is there an adequate sign (room number, building name) identifying where you are?

Location - Choose one	Notes
Yes	
No	

b] If no, are there directional signs or maps nearby which can help you identify where you are?

Location - Choose one	Notes
Yes	
No	

c] Are there signs which show you where to get emergency assistance if needed?

Location - Choose one	Notes
Yes	
No	

d] Are there signs which direct you to wheelchair access?

Location - Choose one	Notes
Yes	
No	

e] Is there information posted describing the hours the building is legitimately open?

Location - Choose one	Notes
Yes	
No	

f] What is your impression of the overall signage?

Location - Choose one	Notes
Very poor	
Poor	
Satisfactory	
Good	
Very good	

4. Sightlines

Location: _____, 2/13/18 audit

a] Are you able to see and identify a face 75 feet (25 meters) away?

Location - Choose one	Notes
Yes	
No	

b] If no, why? (sharp corners, walls, pillars, bushes, fences)

Notes: _____

c] Are there entrapment areas (places someone could be hiding?)

Location - Choose one	Notes
Yes	
No	
Don't know	

d] If yes, where? Notes: _____

e] What would make it easier to see? (transparent materials, move vehicles, angled corners, security mirrors, trim bushes, clear snow, etc)

Notes: _____

5. Isolation – Visual

a] At the time of your Audit, did the area feel isolated?

Location - Choose one	Notes
Yes	
No	

b] How many people are likely to be around?

...In the early morning:

Location - Choose one	Notes
None	
Fewer than 5	
Fewer than 15	
More than 15	

...During the day:

Location - Choose one	Notes
None	
Fewer than 5	
Fewer than 15	
More than 15	

...Late at night (after 10 pm):

Location - Choose one	Notes
None	
Fewer than 5	
Fewer than 15	
More than 15	

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c] Is it easy to predict when people will be around?

Location - Choose one	Notes
Yes No	

d] Is there a monitor or surveillance system?

Location - Choose one	Notes
Yes No Don't know	

6. Isolation – Auditory

a] How far away is the nearest person to hear a call for help?

Location - Choose one	Notes
There are people on this block who could hear me There are people within 1-2 blocks who could hear There is no one within 2-3 blocks Don't know	

b] How far away is the nearest emergency service (alarm, security officer, crisis telephone)?

Location - Choose one	Notes
On this block Within 1-2 blocks Within 2-3 blocks Farther than 4 blocks Don't know	

c] Can you see a telephone, or a sign directing you to emergency assistance?

Location - Choose one	Notes
Yes No	

d] Is the area patrolled?

Location - Choose one	Notes
Yes No Don't know	

e] If yes, how frequently?

Location - Choose one	Notes
Hourly Daily/nightly Don't know	

7. Movement Predictors

Location: _____, 2/13/18 audit

a] How easy is it to predict people's movements? (their walking, biking, jogging routes)

Location - Choose one	Notes
Very easy Not obvious, but can guess No way of knowing	

b] Is there an alternative well-lit route or frequently travelled path available?

Location - Choose one	Notes
Yes No Don't know	

c] Can you tell what is at the other end of the path, tunnel, or walk?

Location - Choose one	Notes
Yes No	

e] Are there entrapment areas, corners, or bushes where someone could hide and wait for you?

Location - Choose one	Notes
Yes No	

8. Entrapment Sites

Are there small, exterior confined areas where you would be hidden from view?

Location - Circle all that apply	Notes
Unlocked equipment or utility shed Alley or lane Recessed doorway Construction Others (please specify): _____	

9. Nearby Land Uses

a] What is the surrounding or nearby land used for?

Location - Circle all that apply	Notes
Stores Offices Restaurants Factories Heavily wooded area Busy traffic Parking lots River bank Residential houses/streets Don't know Other (please specify): _____	

b] Can you identify who owns or maintains nearby land?

Location - Choose one	Notes
Yes No	Yes No

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c] Is the land use in the area changing? If so, how do you think that will affect your feelings of safety?

Location	Notes
Yes or No (circle one) If so, how do you think that will affect your feelings of safety? _____ _____ _____	

d] What about the current land use makes you feel comfortable?

Please comment: _____

10. Factors That Make the Place More Human

a] Does the place feel cared for?

Location - Choose one	Notes
Yes No If no, why? Please comment: _____	

b] Does the place feel abandoned?

Location - Choose one	Notes
Yes No If yes, why? Please comment: _____	

c] Is there graffiti on the walls?

Location - Choose one	Notes
Yes No	

d] In your opinion, are there racist, sexist or gang-related slogans/signs/images on the walls?

Location - Choose one	Notes
Yes No	

e] Are there signs of vandalism?

Location - Choose one	Notes
Yes No	

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f] Would other materials, tones, textures or colors improve your sense of safety?

Location - Choose one	Notes
Yes No If yes, how? Please comment: _____	

11. Maintenance

a] Is this area well maintained?

Location - Choose one	Notes
Yes No	

b] Is there litter?

Location - Choose one	Notes
Yes No	

c] Is there need for major repair?

Location - Choose one	Notes
Yes No	

d] Do you know to whom maintenance concerns should be reported?

Location - Choose one	Notes
Yes No	

e] From your experience, how long do repairs generally take?

Location - Choose one	Notes
Within a day Within a week Within a month Within a year Never Don't know	

12. Site cohesion (Does the space make sense? Are the different aspects of the place in tune with one another, such as the buildings, parking lots, sidewalks, and public areas?)

a] If you weren't familiar with the place, would it be easy to find your way around?

Location - Choose one	Notes
Yes No	

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b] Is the entry of the closet building visible and well defined?

Location - Choose one	Notes
Yes	
No	

c] Are public areas visually protected? Can people passing by see clearly into the public area?

Location - Choose one	Notes
Yes	
No	

d] Does the place make sense? For example: too spread out, confusing number of levels, nearby land uses that conflict with one another?

Location - Choose one	Notes
Yes	
No	

e] If the place doesn't make sense, what might be done to improve it?

13. Social Cohesion (do people, agencies, and businesses in the neighborhood work toward the well-being of others?)

a] Are there positive cultural and social activities occurring in the neighborhood?

- Yes
- No
- Don't know

b] Describe how this makes you feel (Do you or your neighbors participate? Do those activities make you feel safer?)

c] Are there organizations or groups in the neighborhood which are concerned about the neighborhood and its people?

- Yes
- No
- Don't know

d] Describe how those organizations or groups make you feel more or less comfortable:

e] Do you have friends or neighbors in the area you could count on in an emergency?

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- Yes
- No
- Not sure

f] Is the population of the area changing?

- Yes
- No
- Don't know

g] If yes, describe how more or less safe these changes make you feel:

h] Are there people with special needs in the area whose needs are not being met?

- Yes
- No
- Don't know

i] If yes, describe who they are:

14. What other improvements would you like to see?

15. Who do you feel should make those improvements?

16. What role, skills or resources could you contribute to help make improvements?

Thank you for your time and energy helping to make our community a safer place.