

## *THE NEIGHBORHOOD SAFETY AUDIT*

LOCATION: \_\_\_\_\_

DATE and TIME: \_\_\_\_\_

AUDIT TEAM:

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NOTE: Follow the instructions from your SafeGrowth class to conduct audits with a small group of local people. Visit as many locations in your area you feel appropriate to cover the area, keeping in mind the proxemic control distances we discussed in class.

Remember you are the facilitator, not the source of information. Your views on CPTED are recorded during your own site visit at another time. Be sure your audit team includes women as their perceptions will differ from men. It is helpful to provide everyone in the team with a copy of the audit form, but only one person should keep notes on the group consensus where possible.

If there are categories that do not apply simply indicate N/A beside the question and move on. Be sure to write comments on the front or back of these sheets, especially if there are different views by members of the audit team if consensus is not possible. Suggestions for improvement should go into your write-up.

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

### **2. Lighting**

a) What is your impression of the lighting?

- very poor
- poor
- satisfactory
- good
- very good

b) Is the lighting consistent throughout the space?

- yes
- no

c) How many, if any, lights out? \_\_\_\_\_

d] What proportion of lights are out? \_\_\_\_\_

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

- yes
- no

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

- yes
- no

g] Outdoors: Is the lighting obscured by trees or bushes? (On a map sketch where this is happening).

- 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?

- yes
- no

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

- yes
- no

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

- yes
- no

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

- yes
- no

e] Do exit doors identify where they exit to?

- yes
- no

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

- yes
- no

g] What is your impression of the overall signage?

- very poor
- poor
- satisfactory
- good
- very good

#### **4. Sightlines**

a] Can you clearly see what is up ahead 25 metres (75 feet)?

- yes
- no

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

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

- yes
- no

d] If yes, where? \_\_\_\_\_

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

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#### **5. Isolation – Visual**

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

- yes
- no

b] How many people are likely to be around?

In the early morning:

- none
- fewer than 5
- fewer than 15
- more than 15

During the day:

- none
- fewer than 5
- fewer than 15
- more than 15

Late at night (after 10 pm):

- none
- fewer than 5
- fewer than 15
- more than 15

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

- yes
- no

d] Is there a monitor or surveillance system?

- yes

- no
- don't know

### **6. Isolation -- Auditory**

a) How far away is the nearest person to hear a call for help? \_\_\_\_\_

b) How far away is the nearest emergency service such as an alarm, security personnel, crisis telephone? \_\_\_\_\_

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

- yes
- no

d) Is the area patrolled?

- yes
- no
- don't know

e) If yes, how frequently?

- hourly
- daily/nightly
- don't know

### **7. Movement Predictors**

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

- very easy
- not obvious, but can guess
- no way of knowing

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

- yes
- no
- don't know

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

- yes
- no

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

- yes
- no

### **8. Entrapment Sites**

a) Are there empty rooms that should be locked?

- yes
- no

b) Are there small, interior areas needing attention?

- stairwells
- recessed doorways or lockers
- unlocked closets

- elevators
- others: \_\_\_\_\_

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

- unlocked equipment or utility shed
- alley or lane
- recessed doorway
- construction site
- others: \_\_\_\_\_

### **9. Nearby Land Uses**

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

- stores
- offices
- restaurants
- factories
- heavily treed/wooded area
- busy traffic
- parking lots
- river bank
- residential houses and streets
- don't know
- other: \_\_\_\_\_

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

- yes
- no

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

\_\_\_\_\_

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

comments: \_\_\_\_\_

### **10. Factors That Make the Place More Human**

a] Does the place feel cared for?

- yes
- no
- if no, why \_\_\_\_\_

b] Does the place feel abandoned?

- yes
- no
- if yes, why \_\_\_\_\_

c] Is there graffiti on the walls?

- yes
- no

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

- yes
- no

e] Are there signs of vandalism?

- yes
- no

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

- yes
- no

g] If yes, how? \_\_\_\_\_

### ***11. Maintenance***

a] Is this area well maintained?

- yes
- no

b] Is there litter?

- yes
- no

c] Is there need for major repair?

- yes
- no

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

- yes
- no

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

- within a day
- within a week
- within a month
- within a year
- never
- don't know

### ***12. Site cohesion***

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

- yes
- no

b] Is the entry visible and well defined?

- yes
- no

c] Are public areas visually protected?

- 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?

- yes
- no

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

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### ***13. Social Cohesion***

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

- yes
- no

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

comments \_\_\_\_\_

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

- yes
- no

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

comments \_\_\_\_\_

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

- yes
- no

f] Is the population of the area changing?

- yes
- no

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

comments \_\_\_\_\_

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

- yes
- no

i] If yes, describe who they are:

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***14] What other improvements would you like to see?***

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***15. Who do you feel should make those improvements?***

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

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Thank you for your time and energy helping to make your community a safer place. If you have any other observations, questions or comments please contact your facilitator at:

Phone or email: \_\_\_\_\_