

**WINNIPEG**

**GENERAL  
SITE  
Checklist**

**Safety Tool Box** January 2001



**Winnipeg  
Committee for  
Safety**

# General Site Checklist

January 2001

Outdoors    Indoors

General Area: \_\_\_\_\_

Specific Location: \_\_\_\_\_

Date: \_\_\_\_\_

Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Audited By: \_\_\_\_\_ Phone: \_\_\_\_\_

## 1. General Impressions

Why was this site chosen for the safety audit?

\_\_\_\_\_  
\_\_\_\_\_

What is your initial reaction to the site?

\_\_\_\_\_

What four (4) words best describe the site?

\_\_\_\_\_

Sketch the safety audit site in the space below  
or use a separate piece of paper.



## 2. Lighting

What is your general impression of the lighting?

Very Good    Good    Satisfactory    Poor    Very Poor

If the lighting is poor/very poor, is it too dark, too bright, etc.?

\_\_\_\_\_

\*Identify the location of burned out lights.

\_\_\_\_\_

\_\_\_\_\_

\*Do trees or bushes obscure outdoor lighting?    Yes    No

If yes, where? \_\_\_\_\_

\_\_\_\_\_

How well does the lighting illuminate:

	Good	Needs Improvement	N/A
Pedestrian walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directional signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay phones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrance ways (exterior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Reminder: Identify specific locations of lighting problems on the sketch.

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Remember to include the location(s) on the sketch



### 3. Sightlines

Is there anything blocking your line of sight ahead of you?

Yes  No

\*If yes, what is blocking your vision?

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Notes: \_\_\_\_\_

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### 4. Possible Assault Sites

Are there places someone could easily hide?  Yes  No

\*If yes, what are they and where are they located?

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### 5. Isolation

Does the area feel isolated at the time of the audit?  Yes  No

What time of the day does it feel safe or unsafe and why?

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\*Where is the nearest emergency service such as an alarm, security personnel, or telephone?

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\_\_\_\_\_  Don't Know

Can you see a telephone or a sign directing you to assistance?

Yes  No

\_\_\_\_\_

\* Remember to include the location(s) on the sketch



Is the area patrolled?  Yes  No  Don't Know

If yes, how frequently and by whom?

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Notes: \_\_\_\_\_

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## 6. Escape Routes

Can you find an escape route?  Yes  No

Is there more than one exit?  Yes  No  Don't Know

Notes: \_\_\_\_\_

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## 7. Movement Predictors

How easy is it to predict a person's movements  
(e.g., the route they must take)?

Very Easy  Somewhat Obvious  No Way of Knowing

Is there an alternative well-lit and frequently traveled route  
or path available?

Yes  No  Don't Know

Can you tell what is at the other end of the path, tunnel or walkway?

Yes  No

Notes: \_\_\_\_\_

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## 8. Signs

Are there directional signs or maps that can help you identify where you are?  Yes  No

Are there signs indicating who to contact if there are maintenance concerns?  Yes  No

Do exit doors identify where they lead?  Yes  No

Is information posted describing the hours that the building is open?  Yes  No

Impressions of overall signage:

Very Good  Good  Satisfactory  Poor  Very Poor

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 9. Maintenance

Does the place feel cared for?  Yes  No

\*Is graffiti on the walls?  Yes  No

In your opinion are there racist or sexist slogans/signs/images on the walls?  Yes  No

\*Are there signs of vandalism?  Yes  No

Is there litter lying around?  Yes  No

What are your impressions of maintenance?

Very Good  Good  Satisfactory  Poor  Very Poor

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Remember to include the location(s) on the sketch



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## 10. Overall Design

If you were not familiar with the audit site, would it be easy to find your way around?

Yes  No

Does the place “make sense?”

Yes  No

Does the place feel abandoned?

Yes  No

What is your impression of the overall design?

Very Good  Good  Satisfactory  Poor  Very Poor

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 11. Positive Design Elements

What things did you like about the site that tended to help make the area feel safe? Please give details (what, where, why, how, when):

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\_\_\_\_\_

\_\_\_\_\_

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