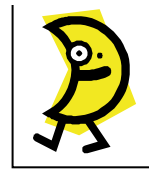


**SHOPPING CENTRE SAFETY AUDIT
CHECKLIST – AFTER DARK**

NAME OF SHOPPING CENTRE:



2.5 If there are plants, bushes or trees that interfere with lighting please specify where, if not tick No

Where _____ **N**

2.6 If the loading area for delivery vans blocks views of pedestrian and vehicular traffic please specify the location, otherwise tick NO

Where _____ **N**

**SECTION A – EXTERNAL
OBSERVATIONS**

Please state your entry point:

1. FIRST IMPRESSIONS



ON ARRIVAL AT THE OUTSIDE AREA OF THE SHOPPING CENTRE:

1.1 What is your reaction to the place? Do you feel safe or unsafe in this area?

Safe **Unsafe**

2. LIGHTING



2.1 If the level of lighting good enough to let you identify a face at a distance of 15 metres (50 ft) tick YES otherwise please specify where

Y **If NO, Where** _____

2.2 How even is the lighting? If there are pools of light and darkness please specify where

Where _____ **N**

2.3 If there are lights out/not working please specify where, otherwise tick NO

Where _____ **N**

2.4 If you consider the street lighting in the area is adequate tick YES otherwise specify where

Y **If NO, Where** _____

3. SIGHTLINES



3.1 If it is difficult to see what's ahead because of sharp corners, walls, hills, fences, bushes or pillars, please specify where otherwise tick NO

Where _____ **N**

3.2 As you walk through the car park and outside areas, specify if there are places someone could be hiding without you knowing it, otherwise tick NO

Where _____ **N**

3.3 If there is a need in this place to have transparent materials used around areas (e.g. using lattice/Perspex for bus shelter instead of solid material that cannot be seen through) specify where, otherwise tick NO

Where _____ **N**

3.4 If there is a need in this place to have corners of buildings angled so it's easier to see around them specify where, otherwise tick NO

Where _____ **N**

3.5 If there is a need in this area for security mirrors to let you see around corners specify where, otherwise tick NO

Where _____ **N**

3.6 If there are steps which are easy to see and use tick YES, otherwise specify where

Y **If NO, Where** _____



4. ATMs (Automated Teller Machines)



- 4.1 Do you feel safe accessing the outside ATMs?
 Y if N specify location: _____

- 4.2 If people can see over your shoulder when you use the ATM, specify the location, otherwise tick NO
 Y location: _____ N

- 4.3 Screening of the ATM – Is the ATM in an area where there are lots of people so that you feel safe or is it isolated?
 Y in good public area
 N – Isolated (specify the location) _____

5. ISOLATION FROM BEING SEEN / HEARD



- 5.1 How close is the nearest telephone if you need to call for help?

- 5.2 Is there adequate signage which tells you where the nearest telephone is?
 Y N
- 5.3 Do you know where to go to get help?
If Y where: _____ N

- 5.4 If you screamed for help would you be heard by another person (such as a security guard, parking lot attendant, trolley boy etc)?
 Y N

6. GRAFFITI VANDALISM and AREAS OF NEGLECT



NEARBY LAND USES:

- 6.1 If there is graffiti, litter or signs of vandalism which make you feel unsafe, specify where or tick NO
Where _____ N

- 6.2 Does the LAND around the shopping centre seem owned and cared for, or is it desolate, abandoned and look like a place where unlawful activity might go unnoticed?
 Owned/Cared for Desolate/Abandoned

- 6.3 Is there more than one way out of the area for a person who feels threatened?
 Y N If NO specify location: _____

THE SHOPPING CENTRE PRECINCT:

- 6.4 If there is graffiti, litter or signs of vandalism which make you feel unsafe, specify where or tick NO
Where _____ N

- 6.5 Do the CAR PARK and PUBLIC TRANSPORT stop areas around the shopping centre seem owned and cared for, or are they desolate, abandoned and look like a place where unlawful activity might go unnoticed?
 Owned/Cared for
 Desolate/Abandoned
Location: _____
- 6.6 Is there more than one way out of the area for a person who feels threatened?
 Y N If NO specify location: _____

7. MOVEMENT PREDICTABILITY



- 7.1(a) Are all entrances and exits of corridors, tunnels, walkways, stairs, lanes or paths etc clear of obstruction?
 Y N
- 7.1(b) If no, what and where, is the obstruction?

- 7.2 If there are corners, recessed doors or bushes where someone could hide and wait for you please specify the location, otherwise tick NO
Where _____ N



8. SIGNS



- 8.1 On arrival at the parking areas is there adequate signage about best access for wheelchair/disability access into the shopping centre?
 Y N
- 8.2 Are there enough signs and maps so that people can find their way around easily? (being confused about where to go makes a person feel more vulnerable to harassment or assault).
 Y N
- 8.3 Are public transport signs (bus stops and taxi ranks) adequate?
 Y N
- 8.4 Is there brail signage available?
 Y N

9. PUBLIC TRANSPORT STOPS



- 9.1 Do you feel safe at the bus stops?
 Y if N why not? _____

- 9.2 Do you feel safe at the taxi rank?
 Y if N why not? _____

- 9.3 Do you feel safe using the pedestrian walkways?
 Y if N why not? _____

- 9.4 Are the bus stops, taxi rank and pedestrian routes well enough lit to identify a human face at 15 metres (50 ft)?
 Y N
- 9.5 Are there signs to guide you to destinations?
 Y N
- 9.6 Is there more than one route to the bus stop?
 Y N
- 9.7 Is there more than one route to the taxi rank?
 Y N
- 9.8 Is it easy to get on and off buses at the bus stop?
 Y if N why not? _____

10. OVERALL DESIGN



- 10.1 If there is sufficient lights and mirrors in underground car parks, tunnels, corridors tick YES otherwise specify where they are insufficient
 Y N If NO where: _____

- 10.2 If there are a confusing number of different levels in the external parking areas please specify where or tick NO
Where _____ N

11. INJURY/FALLS PREVENTION



- 11.1(a) Is there flat access from the car park, disability parking bays into the shopping centre?
 Y if N specify location: _____

- 11.1(b) If No is a kerb ramp accessible to wheelchairs provided to facilitate entry?
 Y N
- 11.1(c) Are ramps no steeper than the required slope/incline as designated by Australian Standards (1:14 Normally; very short distance can be 1:8)
 Y N If NO where: _____

- 11.1(c) Do slope angles of pathways make it difficult to keep a trolley, pram or wheelchair on an even keel when pushed?
if Y Where: _____ N

- 11.2 Are there enough disability parking bays?
 Y N
- 11.4 Are there specific parking bays for seniors?
 Y N
- 11.3 Are the disability parking bays adequate to enable safe use by persons in wheelchairs? (a flat surface no less than 3 metres (10 ft) wide which allows for the car and wheelchair to be level when a person is being transferred from the car to a wheelchair)
 Y N If NO specify location: _____



- 11.4 if there are pot holes in the car park and public transport areas specify where or tick NO.
Where _____ **N**

- 11.5 Is the walkway from car parking spaces to buildings covered to give adequate protection from the weather?
 Y **N** If **NO** specify location: _____

- 11.6 Are there enough trolley return areas close to parking, especially disability parking bays?
 Y **N** If **NO** specify location: _____

- 11.8 Are the floor surfaces non-slip when dry?
 Y if **N** specify location: _____

- 11.9 Are the floor surfaces non-slip when wet?
 Y if **N** specify location: _____

- 11.10 Are there any uneven floor surfaces?
Where _____ **N**

- 11.11 Is there a safety barrier around the trolley return area?
LOCATION: _____

 Low? **Waist Height?** **Other?**
- 11.12 Are glass doors clearly marked?
 Y if **N** specify location: _____

- 11.13 Is there a change in floor surfaces which assist visually impaired people to realise that they have reached the entry to a slope, escalator or stairs?
 Y if **N** specify location: _____

12. IMPROVEMENTS - External



- 12.1 What improvements would you like to see to external areas? Do you have any specific recommendations?

**THANK YOU FOR YOUR
 PARTICIPTION AND ASSISTANCE
 WITH THIS SURVEY**

