SHOPPING CENTRE SAFETY AUDIT CHECKLIST

Designed by the Senior Safety Working Group of the Townsville Thuringowa Safe Communities Program

Safety Audits provide an opportunity for the community to have a say about what contributes to their feelings of safety in their neighbourhoods, and thereby encourages better use of public space.

Safety Audit programs are designed for people who want to feel safer in their public space and who are prepared to do something towards achieving it. Safety Audits are about improving the physical environment in ways that will reduce the opportunities for crime and injury. Safety Audits are also about making public places like parks, bus stops and streets, and semi public/private places like shopping centres, safer for everyone.

This Shopping Centre Safety Audit aims to:

- Identify possible crime sites in public space, as well as areas where injuries are likely to occur;
- Address crime-related and physical safety concerns by making recommendations to appropriate authorities and owners of space directed at removing or reducing opportunities for crime, and reducing and preventing injuries and;
- Enable the community to monitor the implementation of recommendations made.

Note to Facilitator:

These audits should only be undertaken with supervision/guidance and the permission of the shopping centre/public space ideally should be sought before proceeding. A one-hour workshop/orientation, off-premises, with participants, is recommended before an audit is conducted.

TIPS: It will be helpful to those conducting the survey if both external audit sections are photocopied onto different colour paper to the internal sections.
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 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 ______________________

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

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

10.3 Are there signs to guide you to destinations?

- Y  □ N

10.4 Is there more than one route to the bus stop?

- Y  □ 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(d) Do slope angles of pathways make it difficult to keep a trolley, pram or wheelchair on an even keel when pushed?

- Y  □ N If NO where:____________________

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 wide (10 ft) 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:______________________
________________________________________

11.7 Are the floor surfaces non-slip when dry?
□ Y if □ N specify location:______________________
________________________________________

11.8 Are the floor surfaces non-slip when wet?
□ Y if □ N specify location:______________________
________________________________________

11.9 Are there any uneven floor surfaces?
Where____________________________________ □ N
________________________________________
________________________________________

11.10 Is there a safety barrier around the trolley return area?
LOCATION:____________________________________

□ Low? □ Waist Height? □ Other?

11.11 Are glass doors clearly marked?
□ Y if □ N specify location:______________________
________________________________________

11.12 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?

________________________________________
________________________________________
________________________________________

PLEASE TURN TO SECTION B OVER PAGE
SECTION B–INTERNAL OBSERVATIONS

Please state your entry point:
_______________________________________________

13. FIRST IMPRESSIONS

INSIDE THE SHOPPING CENTRE:

3.1 What is your reaction to the place? Do you feel safe or unsafe in this area?
□ Safe □ Unsafe

14. LIGHTING

14.1 Is the level of lighting good enough to let you identify a face at a distance of 15 metres (50 ft)?
□ Y if □ N specify location: ____________________

14.2 How even is the lighting? Are there pools of light and darkness?
if □ Y Where:___________________ □ N

14.3 Are any lights out?
if □ Y Where:___________________ □ N

14.4 Do you consider the lighting in the area is adequate?
□ Y if □ N specify location: ____________________

14.5 Are there plants and signage that interfere with lighting?
if □ Y Where:___________________ □ N

16. ATMs – Automated Teller Machines

16.1 Do you feel safe accessing the ATMs?
□ Y if □ N specify location: ____________________

16.2 If people can see over your shoulder when you use the ATM, specify the location, otherwise tick NO
□ Y location:___________________ □ N

16.2.1 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) ____________________

15. SIGHTLINES

15.1 Is it difficult to see what’s ahead because of sharp corners, walls, displays, plants, pillars?
if □ Y Where:___________________ □ N

15.2 As you walk through the shopping centre are there places someone could be hiding without you knowing it?
if □ Y Where:___________________ □ N

15.3 Would you be able to see better if transparent materials were used instead of solid materials (e.g., using lattice/Perspex instead of solid corridor walls that cannot be seen through)?
if □ Y Where:___________________ □ N

15.4 Is there a need in this shopping centre for corners to be angled so they are easier to see around?
if □ Y Where:___________________ □ N

15.5 Is there a need in this shopping centre for security mirrors to let you see around corners?
if □ Y Where:___________________ □ N

15.6 If there are steps in this shopping centre, are they easy to see and use?
□ Y if □ N specify location: ____________________

Shopping Centre Safety Audit 6
17. **ISOLATION FROM BEING SEEN / HEARD**

17.1 Do you know where to go to get help?
   - Y if N specify location: _____________________________

17.2 How close is the nearest telephone if you need to call for help?
   ________________________________

17.3 Is there adequate signage which tells you where the nearest telephone is?
   - Y if N specify location: ______________

17.4 Is there adequate signage which tells you where the Centre Management is?
   - Y if N specify location: ______________

17.5 Have you seen a security guard whilst you have been inside the Shopping Centre?
   - Y - N

18. **GRAFFITI, VANDALISM and AREAS OF NEGLECT**

**THE SHOPPING CENTRE PRECINCT – INSIDE:**

18.1 Is there graffiti, litter or signs of vandalism which make you feel unsafe?
   - Y if N Where: _____________________________

18.2 Does 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

18.3 Is there more than one way out of the area for a person who feels threatened?
   - Y if N specify location: ______________

19. **MOVEMENT PREDICTABILITY**

19.1(a) Are all entrances and exits of corridors, tunnels, walkways, stairs, lanes or paths etc clear of obstruction?
   - Y - N

19.1(b) If no, what is the obstruction?
   ________________________________

19.2 Are there corners, recessed doors or bushes where someone could hide and wait for you?
   - Y Where: _____________________________

20. **SIGNS**

20.1 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

20.2 Which of these signs are adequate/inadequate (tick your response):

- **Toilet Signs**
  - Clear - Confusing - Too Small - Non Existent

- **Handicap Toilet Signs**
  - Clear - Confusing - Too Small - Non Existent

- **Telephone Signs**
  - Clear - Confusing - Too Small - Non Existent

- **Centre Management Signs**
  - Clear - Confusing - Too Small - Non Existent

- **Emergency Exit Signs**
  - Clear - Confusing - Too Small - Non Existent

- **Public Transport Signs** (bus stops, taxi ranks)
  - Clear - Confusing - Too Small - Non Existent

20.3 Is Brail signage available?
   - Y - N

21. **OVERALL DESIGN**

21.1 Is it easy to find your way around?
   - Y - N

21.2 Do you know where to get help in this Shopping Centre?
   - Y Where: _____________________________
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.3 Public toilets – are they isolated?</td>
<td>☐ Y ☐ N</td>
<td></td>
</tr>
<tr>
<td>21.4 How easy is it for an intruder to go into the toilets unnoticed?</td>
<td>☐ Easy ☐ Difficult</td>
<td></td>
</tr>
<tr>
<td>21.5 Are there enough disabled toilets provided?</td>
<td>☐ Y ☐ N</td>
<td></td>
</tr>
<tr>
<td>21.6 Are the disabled toilets accessible by wheelchair from a main entrance, lift or other circulation space?</td>
<td>☐ Y ☐ N</td>
<td></td>
</tr>
<tr>
<td>21.7 Are the hand operated flushing controls easily accessible and easy to use by a person in a wheelchair? (i.e., should not be higher than 1200mm above floor level and push button or downward operating levers are preferred)</td>
<td>☐ Y ☐ N</td>
<td></td>
</tr>
<tr>
<td>22.1 Are the floor surfaces non-slip when dry?</td>
<td>☐ Y ☐ N specify location:</td>
<td></td>
</tr>
<tr>
<td>22.2 Are the floor surfaces non-slip when wet?</td>
<td>☐ Y ☐ N specify location:</td>
<td></td>
</tr>
<tr>
<td>22.3 Are there any uneven floor surfaces?</td>
<td>☐ Y ☐ N specify location:</td>
<td></td>
</tr>
<tr>
<td>22.4 Are glass doors clearly marked?</td>
<td>☐ Y ☐ N specify location:</td>
<td></td>
</tr>
<tr>
<td>22.5 Are doors easy to open?</td>
<td>☐ Y ☐ N specify location:</td>
<td></td>
</tr>
<tr>
<td>22.6 Are there grab rails on walls in corridors?</td>
<td>☐ Y ☐ N specify location:</td>
<td></td>
</tr>
<tr>
<td>22.7 Are there grab rails in all toilets?</td>
<td>☐ Y ☐ N specify location:</td>
<td></td>
</tr>
<tr>
<td>22.8 Do the stairs include non-slip edges?</td>
<td>☐ Y ☐ N specify location:</td>
<td></td>
</tr>
<tr>
<td>22.9 Do the stairs include a handrail that extends 300mm at the beginning and end of the flight of stairs (to act as a tactile aid for blind people and a balancing aid for pedestrians)</td>
<td>☐ Y ☐ N specify location:</td>
<td></td>
</tr>
<tr>
<td>22.10 Are there any doors opening directly across the top of the flight or stairs, or which swing so that the top or bottom step is obstructed?</td>
<td>☐ Y ☐ N Where:</td>
<td></td>
</tr>
<tr>
<td>22.11 Are the stairs in good repair (i.e., no chipped tiles etc).</td>
<td>☐ Y ☐ N specify location:</td>
<td></td>
</tr>
<tr>
<td>22.12 Do ramps include at least one handrail extending along its length and extended 300mm (1ft) at the beginning and end of the ramp?</td>
<td>☐ Y ☐ N specify location:</td>
<td></td>
</tr>
<tr>
<td>22.13 Do the ramps have non-slip surfaces?</td>
<td>☐ Y ☐ N specify location:</td>
<td></td>
</tr>
<tr>
<td>22.14 Is the surface of the ramp in good repair?</td>
<td>☐ Y ☐ N specify location:</td>
<td></td>
</tr>
<tr>
<td>22.15 Do the ramps include a 100mm high (4 inches) gutter on each side that ensures effective control of a wheelchair to prevent it veering over the edge of the ramp and which serves as a tactile cue for the visually impaired?</td>
<td>☐ Y ☐ N specify location:</td>
<td></td>
</tr>
<tr>
<td>22.16 Is there a landing or level rest area provided after every 10000mm (10m or 33 ft) of the ramp? (if applicable)</td>
<td>☐ Y ☐ N specify location:</td>
<td></td>
</tr>
</tbody>
</table>
22.17 Do the escalators have non-slip surfaces?
☐ Y if ☐ N specify location: ______________________
____________________________________
____________________________________

22.18 Are ramps, escalator inclines, pathways no steeper than the required slope/incline as designated by Australian Standards (incline angle ???)
☐ Y ☐ N If NO where:_______________________
____________________________________
____________________________________

22.19 Do slope angles of pathways, ramps, escalators make it difficult to keep a trolley, pram or wheelchair on an even keel when pushed?
if ☐ Y Where:__________________________ ☐ N
____________________________________
____________________________________

22.18 Is there a change in floor surfaces which assists visually impaired people to realise that they have reached the entry to a slope, escalator or stairs?
☐ Y if ☐ N specify location: ________________
____________________________________
____________________________________

23. IMPROVEMENTS – Internal

23.1 What improvements would you like to see to internal areas? Do you have any specific recommendations?
___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________

24. ANY OTHER COMMENTS?
___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________

PLEASE TURN OVER FOR AFTER DARK EXTERNAL SURVEY