

City of Toronto Safety Audit Checklist for Parks

Adapted from METRAC's "Women's "Safety Audit Kit Guidebook" by Nancy P. Smith, OAA

Note: If available, a plan drawing of the park should be attached to the audit checklist to encourage site-specific comments.

Date _____ Day _____ Time _____ Weather _____

General Area _____

Specific Location _____

Reason for Audit _____

1. General Impressions of the Park

What do you like most about this park?

What do you like least about this park?

What 5 words best describe the place? _____

How safe do you feel in this park?

Safe

Unsafe

Not sure

2. Who are you?

Male

Female

Age _____

Ethnicity _____

Do you come to the park alone? Yes No

If with other people, who are they – children, seniors? _____

3. When do you come to the park?

Weekdays: Early morning Daytime Early evening After dark

Weekends: Early morning Daytime Early evening After dark

Are there certain times when you feel unsafe in the park? Yes No

If yes, when and why? _____

4. Park Uses and Activities

Why do you come to this park? _____

What activities do you do in the park? _____

What activities would you like to see added? _____

What activities would you like to see removed? _____

Do you know what types of programmed activities are in this park? Yes No

How do you find out about park activities? _____

What kind of programmed activities or features would you like to see in this park? _____

Are there problem activities in this park? Yes No

What types of problem activities? _____

5. What features are important to you in this park? Circle all that apply.

- | | | | | |
|------------------------------|---------------------------|------------------------------|------------------------------|------------|
| Shade Trees | Flowers Shrubs | Scenery | Beaches | |
| Play area for young children | Sand Box | Wading pool | Play area for older children | |
| Sports fields/courts | Soccer | Baseball | Tennis | Basketball |
| Well-lit walkways | Well-lit activity areas | Paved walkways | | |
| Accessible curbs, ramps | Park identification signs | Park rules/regulations signs | | |
| Drinking fountain | Benches | Picnic tables | Picnic areas | Barbecues |
| Washrooms | Garbage containers | Cleanliness | Area for dogs | |

What other features would you like to see in this park? _____

6. Finding Help - Signage

Is there a park identification sign? _____ Yes No

Are there maps or directional signs to help you find your way? _____ Yes No

Are there signs to show you where or how to get emergency help? _____ Yes No

Is the phone number for the Department of Parks and Recreation clearly visible? _____ Yes No

Is the sign easy to read from a distance? _____ Yes No

Are signs located at the park entry? _____ Yes No

Are signs easy to see from inside the park? _____ Yes No

Is there an activities bulletin board? _____ Yes No

How could signage be improved? _____

Finding Help – People

Is there a telephone in or near the park? Yes No Don't know

Is the area patrolled? Yes No Don't know

7. Visibility - How well can you see and be seen?

Sightlines

Can you clearly see what is up ahead? Yes No

If no, why not? _____

What limits your sightlines along pathways? e.g. fences, shrubs _____

What limits your sightlines in activity areas? e.g. fences, trees _____

Can you see or can others see clearly into the park from the street? Yes No

Lighting

Impression of lighting: Very poor Poor Satisfactory Good Very good

Is the lighting even? Yes No Too dark Too bright

Are there lights out or broken? Yes No

If so, how many or what percentage? _____

Can you identify a face 12 – 15 yards away? Yes No

Do you know where to call if lights are broken or not on? Yes No

Where could the lighting be improved? _____

Hiding Places

Are there places where people could hide? Yes No

If yes, where? Along pathways Near park entry Near activity areas

Other potential hiding places? _____

Isolation

At the time of the audit, does the area feel isolated (lonely)? Yes No

Do you know when people are usually around? Yes No

If so, when?

Early morning: None A few Several Many

During the day: None A few Several Many

Early evening: None A few Several Many

Late evening: None A few Several Many

How far is the nearest person to hear a call for help? _____ feet Don't know

What kinds of places or uses surround the park? (Circle all that apply) Houses Stores
 Offices School Industrial Parking lot Lane Street Wooded area Watercourse

Are there people in those areas surrounding the park at different times? Yes No Don't know

Impression of surrounding uses: Very Poor Poor Satisfactory Good Very Good

Other comments _____

8. Movement – Points of Entry/Exit

Is the park entrance clearly marked? Yes No

Movement - Accessibility

Is the area easily accessible for people with mobility disabilities? Yes No

Are there places that restrict accessibility? Yes No

How could accessibility be improved? _____

Movement - Routes through and within the park

How easy is it to predict your route through the park? Very easy Somewhat obvious No way of knowing

Is there an alternative well lit and frequently used route that you could use? Yes No Don't know

How easily could you escape from trouble? Very easily Quite easily Not easily

Other comments? _____

9. Maintenance

Impression of maintenance: Very Poor Poor Satisfactory Good Very good

Does the park feel uncared for or abandoned? Yes No

What maintenance problems are there? (Circle all that apply)

Litter Damage to buildings/equipment Graffiti Turf Weeds Animal/goose droppings

Fences, walkways, equipment needing repairs Signs of unacceptable activities

Do know how maintenance concerns should be reported? Yes No

Other maintenance problems? _____

10. Overall Design and Legibility

Impression of design: Very poor Poor Satisfactory Good Very good

If you weren't familiar with the park, would it be easy for you to find your way around? Yes No

Is the layout of the park clear? Yes No

Are the edges or limits of the park clear? Yes No

Is the layout confusing? Yes No

Is the park too spread out? Yes No

11. Park Improvements

Are there any safety concerns that prevent you from using the park more frequently? Yes No

Please comment: _____

What improvements would you like to see? _____

Do you have any specific recommendations? _____