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| **Environmental Visual Audit Template** |
| Date |  |
| Location |  |
| Name(s) of Auditors\* |  |
| Name(s) of organisation(s)\*\* |  |
| \*Where auditor is a community member, this can be left blank or filled in with ‘resident’ / ‘community member’\*\*For example, Neighbourhood Watch, Housing Association.  |
|  |
| Please indicate and describe if any of the following problems are observed in the area (indicate estimated number / frequency of occurrences if known)Add any photos taken of the problem  |
|  |
| **Insecurities** |
| **Dwellings** |
| 1. |
| 2. |
| **Vehicles** |
| 1. |
| 2. |
| **Business** |
| 1. |
| 2. |
| **Social Disorder** |
| **Litter associated with anti-social behaviour (i.e. broken glass and drug paraphernalia)** |
| 1. |
| 2. |
| **Signs of outdoor sexual activity / public urination** |
| 1. |
| 2. |
| **Graffiti: and type i.e. Racist-Tag etc** |
| 1. |
| 2. |
| Tag Description (preferably a photo) |
| **Physical signs of drug / substance use (aerosol cans, glue containers, syringes, ampoules)** |
| 1. |
| 2. |
| **Drug houses / premises** |
| 1. |
| 2. |
| **Use of drugs in public** |
| 1. |
| 2. |
| **Public sales of drugs** |
| 1. |
| 2. |
| **Groups hanging around:** |
| 1. |
| 2. |
| **Stray or unleashed dogs** |
| 1. |
| 2. |
| **Vandalised telephone boxes** |
| 1. |
| 2. |
| **Vandalised buildings** |
| 1. |
| 2. |
| **Damaged bus shelters** |
| 1. |
| 2. |
| **Traffic Related Problems**  |
| **Broken traffic lights** |
| 1. |
| 2. |
| **Obstructive parking** |
| 1. |
| 2. |
| **Speeding / reckless driving / running red lights** |
| 1. |
| 2. |
| **Damaged / abandoned / burnt out vehicles** |
| 1. |
| 2. |
| **Other local road traffic related problems (e.g. state of road repair)** |
| 1. |
| 2. |
| **Other Local Problems** |
| **Overgrown shrubs / bushes** |
| 1. |
| 2. |
| **Poor/broken- street lighting** |
| 1. |
| 2. |
| **Broken / missing street signs or street furniture** |
| 1. |
| 2. |
| **Litter / rubbish lying around- -type i.e. Fast Food** |
| 1. |
| 2. |
| **Dog fouling** |
| 1. |
| 2. |
| If you a visit a premises or address or deliver leaflets please record details  |
| Additional detail about the problems noted  |
| Suggested actions to address these problems |
| Suggestions as to how these problems could be prevented |
| Community groups or community members that may assist with this issue |
| Comfort factors you have seen (things which make you feel safe / reassured) |