AARP Walk Audit Tool Kit Worksheet

Street Safety and Appeal

Community Name: ____________________________________________________________

Location/Street Name(s): ____________________________________________________

Audit date: _______________  Start time: _______ AM | PM   End time: _______ AM | PM

YES | NO | OTHER   Skip any statements that don’t apply

THE LOCATION HAS:

☐ ☐ ☐  1. Places to sit
☐ ☐ ☐  2. Shade trees
☐ ☐ ☐  3. Grass, flowers and landscaping
   (if yes, is the greenery well maintained? _____ )
☐ ☐ ☐  4. Awnings, outdoor umbrellas or other shelter from rain and
   other weather conditions
☐ ☐ ☐  5. Drinking fountains (if yes, are they working and clean? _____ )
☐ ☐ ☐  6. Public restrooms (if yes, are they clean and safe? _____ )
☐ ☐ ☐  7. A transit or bus shelter (if yes, is there seating? _____ )
☐ ☐ ☐  8. Trash receptacles (if yes, so they appear to be regularly emptied?)
☐ ☐ ☐  9. Buildings and/or homes that are well-maintained
☐ ☐ ☐  10. Informative signage
☐ ☐ ☐  11. Well-placed signage
☐ ☐ ☐  12. Streetscape features (art, signage, etc.) that are representative of/suitable
   for the community
☐ ☐ ☐  13. Pedestrian-scaled lighting
☐ ☐ ☐  14. A posted speed limit that seems suitable
   (if yes, does it appear that drivers are obeying the limit? _____ )

IMPRESSIONS:

☐ ☐ ☐  1. The location/street is a safe and appealing destination
☐ ☐ ☐  2. The location/street is a safe and appealing travel route
☐ ☐ ☐  3. The location/street appears to be safe for users of all ages, abilities, races,
   income levels, etc.
4. The location/street appears to be safe for pedestrians during both the day and night

5. Pedestrians appear to be safe from moving vehicles

6. Pedestrians appear to be safe from crime, harassment or similar threats

For “No” or “Other” answers, use the space below to briefly explain the response.

NOTES OR OTHER OBSERVATIONS:

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Walkability of the area, based on the findings above:

☐ Great  ☐ Acceptable  ☐ Mixed  ☐ Poor