

WISE Community Safety Checklist

Name:		Date:	
Community:		# of Participants:	

Safety Concerns	
Specific Issue:	Location:
<input type="checkbox"/> Visibility <input type="checkbox"/> Signage <input type="checkbox"/> Lighting <input type="checkbox"/> Maintenance <input type="checkbox"/> Entrapment Site <input type="checkbox"/> Behaviour <input type="checkbox"/> Accessibility <input type="checkbox"/> Other	
Recommendation	
<input type="checkbox"/> Improvement <input type="checkbox"/> Replacement	<input type="checkbox"/> Installation of _____ <input type="checkbox"/> Other: _____
Comments:	
<p> </p> <p> </p> <p> </p>	

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