|  |  |
| --- | --- |
| Date |  |

**Site Audit Template**

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| --- |
| 1. **Business details**
 |
| Business name |  |
| Address |  |
| District |  | Postcode |  |
| 1. **Your details**
 |
| Your Name |  | Job title  |  |
| Work email address |  | Work phone number |  |
| 1. **Please describe the business working patterns pre Covid-19 (Before 1st March 2020)**
 |
| Total number of employees |  | Highest headcount on shift/in office at any one time |  |
| Comments: |
| **Do you have any peak staffing periods?** *If yes, please provide details below* |
|  | **✓** | Comments: |
| Yes |  |  |
| No |  |
| **Please record the number of each facility at your place of work** |
| Cafeteria/kitchen  |  | Lockers |  |
| Shops within walking distance  |  | Shops within cycling distance  |  |
| Changing facilities  |  | Showers  |  |
| Drying racks/facilities   |  |  |
| Comments: |
| 1. **Which of the following transport links are there to the site?** *Select all that apply*
 |
| Cycle routes |  | Nearby bus service |  |
| Pedestrian routes |  | Nearby rail service |  |
| Pedestrian crossings |  |  |
| Comments: |

|  |
| --- |
| 1. **Please describe parking arrangements at your place of work**
 |
| Number of staff car parking spaces  |  | Number of designated EV parking bays  |  |
| Number designated disabled spaces  |  | Number of designated pool car spaces  |  |
| Number of signed car share bays  |  | Number of designated fleet vehicle spaces  |  |
| Number of designated visitor parking bays  |  | Number of motorcycle parking bays  |  |
| Comments: |
| 1. **Does demand for staff car parking frequently exceed availability?**
 |
| Yes |  | No |  | Sometimes |  |
| Comments: |
| 1. **Do you have cycle parking available for staff to use?**
 |
| Yes |  | No |  |
| 1. **Cycle parking**
 |
|  | Yes | No |
| Is your cycle parking sheltered? (eg rain cover, roof, or indoors) |  |  |
| Is your cycle parking secured? (eg access card/ pin/ key/ CCTV) |  |  |
| Is your cycle parking often well used/full |  |  |
| 1. **How many cycle parking spaces do you have?** *If you are unsure please provide your best estimate*
 |
| Number of spaces |  |
| 1. **Do you currently have any traffic or transport related issues?** *(e.g. issues with traffic congestion/parking pressures/access issues/bike security)* **What times do these occur?**
 |
| Response: |
| 1. **Before Covid-19 (1st March 2020), were you running any sustainable schemes or incentives** *(e.g. cycle to work scheme, cyclists breakfasts, company car share scheme)***. Have you introduced any new schemes since 1st March 2020? These do not need to be formally organised.**
 |
| Yes |  | No |  |
| Please describe: |
| 1. **Please use this box to add additional information or comments that may be helpful relating to travel to and from work or access to the site**
 |
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