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| --- | --- |
| 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: | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |