

Place Inventory Worksheet

DIRECTIONS

This tool is not about mapping or counting people, but about the physical features of a space and how they support the experience of spending time there. There is no set amount of time for this exercise. If the area is large, you may need to walk through it to cover all areas.

The Place Inventory Sheet has two overall components:

Page 2–3: Inventory of the PHYSICAL FEATURES in a place that can support public life.

Page 4: An assessment of the EXPERIENCE that the public space provides. How does the space feel, look, etc.?

- Walk through the space and take inventory of the physical features using an area map and page 1 of your Place Inventory sheet.





- Use the categories and symbols below to label the physical features on your map.
- If you see more than one item representing a category (e.g., three benches) use the appropriate symbol and indicate how many (e.g., 10X)
- If you're unsure about the correct category to use, make notes on the map describing what you see and where.
- Sum the total number of seats for each of the four seating categories.
- Turn the sheet over and assess the experience of the space based on the questions on Place Inventory sheet page 2.
- Use your gut feeling, but also try and imagine how others might feel, such as a child or an elderly person.

Please take photos of physical features related to the inventory sheet and the experience of the space. Take notes of any specific features that are not represented in the Place Inventory Sheet, but are key to the feel or use of the space.

MAPPING

Please label physical features on the map provided and take photographs to document the conditions described below.

- 1 Map the location of seating using the symbols provided and write how many below:

	Benches	# _____
	Moveable Chairs	# _____
	Café Seating — Private	# _____
	Other Seating (not chairs or benches)	# _____

- 2 Map the location of vegetation using the symbols provided:

	Tree
	Planting

- 3 Map the location of shade/shelter using the symbols provided:

	Awning
	Umbrella
	Arcade

- 4 Map the location of bike parking using the symbol provided:

	Bike Parking
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- 5 Map the location of trash and recycling bins using the symbol provided:

	Trash/Recycling Bin
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- 6 Map the location of lighting using the symbol provided:

	Lighting
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- 7 Map the location of areas to play using the symbols provided:

P	Playground / Areas that invite play
S	Sports Facility



- 8 Map the location of water features (fountain, lake, etc.) using the symbol provided:

W	Water Feature
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


- 9 Map the location of public art (statue, mural, etc.) using the symbol provided:

	Public Art
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- 10 Map the location of walking/wheelchair obstacles using the symbols provided:

	Surface (broken paving, driveway, etc.)
	Object (pillars, seating, etc.)

- 11 Map the location of physical boundaries using the symbols provided:

	Boundary (fence)
	Boundary (wall)
	Boundary (planting)

- 12 Map the location of street crossings using the symbol provided:

	Crossing
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MAP

NAME	DATE	WEATHER
LOCATION	TIME	

PLACE MAP HERE

EXPERIENCE

Answer the following questions about the place you are studying. Consider your gut reaction, but also how others (such as children) might feel.

- 1 Does the space have areas that provide shade/shelter?

☐ No
 ☐ Mostly No
 ☐ Mostly Yes
 ☐ Absolutely

- 2 Does the space have areas to stay in the sun during cooler weather conditions?

☐ No
 ☐ Mostly No
 ☐ Mostly Yes
 ☐ Absolutely

- 3 Does the space have areas to spend time/sit and rest?

☐ No
 ☐ Mostly No
 ☐ Mostly Yes
 ☐ Absolutely

- 4 Does the space have areas to be active/play?

☐ No
 ☐ Mostly No
 ☐ Mostly Yes
 ☐ Absolutely

- 5 Can you comfortably have a conversation with another person in the space?

☐ No
 ☐ Mostly No
 ☐ Mostly Yes
 ☐ Absolutely

- 6 How strong is the presence of vegetation?
(trees, plantings, etc.)

☐ Low
 ☐ Medium
 ☐ High

- 7 How would you rate the visual environment?

☐ Ugly
 ☐ Unattractive
 ☐ Attractive
 ☐ Beautiful

COMMENTS:

- 8 Does the space appear to be well-lit at night?

☐ No
 ☐ Somewhat
 ☐ Yes
 ☐ Not Sure

- 9 Do you feel safe in the space, overall?

☐ No
 ☐ Mostly No
 ☐ Mostly Yes
 ☐ Absolutely

- 10 If you do not feel safe in the space, why?
(check all that apply)

☐ Dominated by vehicular traffic
☐ Other people
☐ Lack of other people
☐ Lack of lighting
☐ State of cleanliness
☐ Other: _____

- 11 Could someone access this space using a wheelchair?

☐ No
 ☐ Some Areas
 ☐ Most Areas
 ☐ Yes

- 12 If the space has physical boundaries, can you...
(check all that apply)

☐ See through or over them
☐ Sit on them
☐ Climb over them
☐ Walk around them

- 13 If there is moving vehicular traffic nearby, please indicate the approximate amount of traffic.

☐ Low
 ☐ Medium
 ☐ High

- 14 Do you feel safe crossing the street?

☐ No
 ☐ Mostly No
 ☐ Mostly Yes
 ☐ Absolutely