

Intro and Trip Information

Thank you for helping CMT and Metro Public Safety provide insight as it relates to the implementation of safety and security measures on the Metro system. Please fill out as much of the survey as possible. Thanks for your help!

* 1. Monitor Information

Name

Email Address

Phone Number

* 2. Departure Station/Transit Center

* 3. What time did you arrive at the departure station?

Date / Time

Date Time AM/PM

* 4. Destination Station/Transit Center

* 5. What time did you arrive at the destination station?

Date / Time

Date Time AM/PM

* 6. Was there visible security at the station, on the platform, or on the train during your trip?

- No
- Yes

Security was visible at the station, on the platform, or on the train during your trip.

* 7. What type of security was visible on the platform, at the station, or on MetroLink/MetroBus?

- St. Louis County Police Officer
- St. Clair County Sheriff's Deputy
- St. Louis City Police Officer
- Metro Security Officer
- G4S Security Officer
- Not sure

* 8. Did a security officer or fare inspector check for valid fares for those entering the platform, those on the platform, or those riding the train?

- No
- Yes

* 9. Was the onsite security personally engaging with riders in any way?

- No
- Yes (please specify)

* 10. Did you witness any nuisance behavior (smoking, loud music, pan handling, gambling, etc.)?

- No
- Yes (please specify)

* 11. If so, was this behavior addressed by onsite security?

No

N/A - No nuisance behavior was witnessed.

Yes (please specify)

Security was not visible at the station, on the platform, or on the train during your trip.

* 12. If no security personnel were visible, did you feel safe?

No

Yes

* 13. Did you witness any nuisance behavior (smoking, loud music, pan handling, gambling, etc.)?

No

Yes (please specify)

Station maintenance and wrap up.

* 14. Overall station lighting and visibility?

- Excellent
- Very Good
- Good
- Fair
- Poor

* 15. Overall station cleanliness?

- Excellent
- Very Good
- Good
- Fair
- Poor

16. Did all the validators work?

- Yes
- No
- N/A

17. Did all the emergency call boxes work?

- Yes
- No
- N/A

18. If yes, did you speak with an operator?

- Yes
- No
- N/A

19. Please provide us with other comments you might have concerning the appearance, operation, and security of the station.

20. Please describe any exceptional performance you may have witnessed during your visit.

Thank you for your assistance in ensuring a safe and secure system for all users.