

Area Accessibility Tool

Area Name: _____ Group Name: _____

Address: _____

Meeting days and Times: _____

Directions

Circle or check each item that applies to your meeting site. For example you may have a paved parking lot as well as on street parking so mark both items. Estimate space to the best of your ability. There is space at the end of this assessment to add more comments if needed. Please return this form to your Area Chairperson or other designated individual. Thank-you for your participation.

Exterior

Parking lot available Paved Gravel Dirt Handicap parking: YES NO

No Parking lot available Street parking: parallel pull in

Street handicap space: YES NO Handicap curb: YES NO

Side walks: YES NO

Building Entrance

Lights Walkway Entrance Manual door Handicap door Double door Storm door

Stairs No stairs Railings: One Two Landing: Approx. size: _____

Threshold at door Ramp Ramp railings: One Two

Interior

Hallways Interior stairways Direct entrance to room from outside Elevators

Meeting room door: Opens in Opens Out

Meeting Room

Carpet No carpet Arm chairs available Folding chairs One piece conference chairs

Airconditioned Room set up: circle rows Is there room for wheelchair or scooter

Mobility? Yes No Room to use a walker? Yes No Is coffee accessible? Yes No

Bathrooms

Bathroom Location? _____

Single toilet room Small: 6' x 8' or less Larger: 6' x 8' or greater

Grab bars No grab bars Toilet height: 16" standard raised toilet 17" - 18"

Open sink Vanity Door opens: In Out

OR

Multi stall room Handicap stall Door opens: In Out Both ways Grab bars

No grab bars Stall space: At least 4' x 4' inside stall from toilet Smaller than 4' x 4'

High toilet seat Standard height toilet seat Sink: Open Vanity

Can the wheel chair turn around to exit area? Yes No, it has to back out of bathroom

Additional Comments.