

DISABILITY ACCESS AUDIT FORM *(please delete where necessary)*

Name & Address of Premises;

Contact Name; _____

Tel No _____

Mobile No _____

Email _____

Name & Address of Owner (if different) _____

Contact Name _____

Tel. No _____

Mobile No _____

Email _____

Are Terms & Conditions of any Lease available? Yes/No

Date of Audit; _____

Auditor's Name _____

Types of Disability covered *(Specify)*

Mobility / Hard of Hearing / Partially Sighted /

Breathing Issues/ Mental Issues

Other (Specify) _____

What is the maximum No. of Disabled Persons resorting to the premises; _____

Do persons proceed to another premises? (Dining) Yes/No

If so where? (Separate Audit required) _____

Setting Down & Parking

Is there an area for setting down from vehicles? Yes/No

Is there dedicated parking for disabled persons? Yes/No

How many spaces are allocated? _____

Are Disabled Parking bays marked? Yes/No

Access

Are there external ramps and steps? Yes/No

Do they have guardrails 1.2m high? Yes/No

Are entrances signed and obvious? Yes/No

Internal to the Building

Can the reception and entrance lobby be accessed? Yes/No

Are all corridors of adequate width and accessible? Yes/No

Can wheelchairs/portable scooters access all corridors? Yes/No

Do internal doors have a clearance width of at least 826mm? Yes/No

Are there any door thresholds that have a step? Yes/No

Are there any slip or/trip hazards with floor coverings secure? Yes/No

Are there internal steps ramps provided with suitable gradients? Yes/No

Are step or stair nosings marked? Yes/No

Are there any handrails along lengths of corridor more than 12m? Yes/No

Is there adequate illumination throughout the building? (Turn-On) Yes/No

Is emergency lighting installed and working in the building? Yes/No

Are any lifts or platforms provided in the building? Yes/No

Are internal surfaces of a 'light' colour? Yes/No

Can switches and any controls be reached by disabled persons? Yes/No

Sanitation & Facilities

Is there disabled WC provision? Yes/No

Can they be accessed by wheelchair/ portable scooter? Yes/No

Are grab rails/handrails provided in the WC? Yes/No

Can the user reach the facilities provided in the WC? Yes/No

Is there an alarm both audible and visual in case of need? Yes/No

Is the alarm received at a 'manned' location/ heard by others? Yes/No

Has 'Wayfinding' been provided through or in part of the building? Yes/No

Is there an acoustic loop in the building? Yes/No

Other Arrangements

Is there Evacuation Plans provided to aid escape? Yes/No

Is there a need for Personal Emergency Evacuation Plans (PEEP)? Yes/No

Are these plans written down? Yes/No

Does any plan include input from any disabled person? Yes/No

Are those that manage attendance aware of any plan? Yes/No

Do any disabled persons attend with a carer? Yes/No

Management

Is someone delegated to check all disabled facilities? Yes/No

How often is any plan reviewed and by whom? Yes/No

Action Required? *(Draft Action Plan in writing and submit to management)*

SIGNED _____

POSITION _____

DATE _____

REVIEW DATE _____