



# CHECKLIST OF ACCESSIBILITY FORM

Organization's

Name: \_\_\_\_\_

*This questionnaire is designed to allow evaluation of the overall accessibility of your program by looking at where we send volunteers to serve. It is not meant to eliminate stations for possible placement of volunteers, but to provide information needed to match volunteers appropriately. Please circle "yes" or "no" to each area being evaluated, and if needed, write additional comments on back of form making reference of area being discussed by number.*

- |     |   |     |    |
|-----|---|-----|----|
| 1.  | Is there a flat, non-gravel route from parking/street through the front entrance?   | YES | NO |
| 2.  | Does the parking lot have spaces reserved for persons with disabilities?  | YES | NO |
| 3.  | Are doors (entrance, restroom, etc.) no heavier to open than a refrigerator door?   | YES | NO |
| 4.  | Are the knobs throughout push/pull, or lever type, verses twist knobs?  | YES | NO |
| 5.  | Are halls and passageways at least one yard wide?   | YES | NO |
| 6.  | Are halls level, with non-slip stable surfaces and no trip hazards?   | YES | NO |
| 7.  | Are there alternate routes to enter/exit building for those entrances accessed by steps/stairs, such as ramps, elevators, or other entrance?  | YES | NO |
| 8.  | Is there adequate maneuvering clearance at entrances, especially restrooms?   | YES | NO |
| 9.  | Does an accessible restroom have an accessible stall measuring 5'x5'?<br>(Make sure those in a wheel chair can close the door of accessible bathroom stall)                               | YES | NO |
| 10. | Does an accessible restroom have a sink with level faucets, hot water pipes wrapped to prevent burns, and paper towels lowered?   | YES | NO |
| 11. | Are emergency alarms both audible and visual?   | YES | NO |
| 12. | Are evacuation plans and areas of rescue assistance accessible to individuals with mobility impairments?  | YES | NO |
| 13. | Do policies, practices or standards – either formal or informal - have the direct or indirect effect of limiting or excluding the participation of individuals with mobility impairments? | YES | NO |
| 14. | Do policies exist that ensure that a "reasonable accommodation" is made to individuals, including volunteers, with disabilities?  | YES | NO |

\_\_\_\_\_  
Name and signature of person completing checklist form

\_\_\_\_\_  
Date