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CONFORMANCE TO BARRIER-FREE DESIGN CRITERIA

Accessibility compliance checklist for office buildings

ANALYZED

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ABSTRACT

A checklist has been prepared to assess the retrofitting required to achieve reasonably good barrier-free design in office buildings.

RÉSUMÉ

Une liste de vérification a été préparée afin d'évaluer les travaux nécessaires pour rendre les édifices à bureaux pratiquement libres d'obstacles physiques.

INTRODUCTION

It is recognized that, while the desired goal is to provide universal accessibility to the built environment, perfect results cannot be achieved. An attainable goal is the provision of a barrier-free environment which provides reasonable access to the broadest possible range of users. In order to achieve this attainable goal it is necessary to identify what might constitute a barrier to the desired level of accessibility and use of a facility for a person having any disability, and then, to eliminate all of these barriers from the built environment.

In this checklist the term "accessible" means "generally or reasonably accessible to most people including those who are severely disabled."

The checklist may be used to assess a building for any or all of the following ten groups of disabled persons:

1. Blind
2. Visually impaired
3. Deaf
4. Hearing impaired
5. Mobility impaired - wheelchairs
6. Mobility impaired - walking aids
7. Mobility impaired - no walking aids (impaired strength, dexterity, coordination)
8. Developmentally handicapped (mentally retarded, comprehension impaired, learning disability)
9. Situation impaired (obesity, pregnancy, pushing stroller, etc.)
10. Addiction, alcoholism, allergies

This checklist has been prepared to assess the retrofitting required to achieve reasonably good barrier-free design in office buildings.

Section One refers to accessibility to the office building from the community and exterior access on the building site.

Section Two refers to accessibility at the entrance to the building, in the lobby, circulation and common use areas, the offices, washrooms and all areas where the employees and other people have need of access.

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ACCESSIBILITY COMPLIANCE CHECKLIST

(Some items may not be relevant in particular cases)

BUILDING NAME: _____
ADDRESS: _____

DATE OF SURVEY: _____

SECTION 1. ACCESSIBILITY TO THE BUILDING SITE

A. Transportation

a) Air

YES NO N/A

1. _____ km to airport. Is the airport building accessible?

___ ___ ___

Remarks: _____

2. Is there an airplane ramp that can be used by wheelchairs?

___ ___ ___

Remarks: _____

3. _____ km to nearest airport bus or limousine. Is the bus or limousine accessible in a wheelchair?

___ ___ ___

Remarks: _____

b) Water

1. _____ km to passenger loading dock.
-
- (a) Is the dock accessible to wheelchairs?
-
- (b) Is the dock safe for blind people?

___ ___ ___

___ ___ ___

Remarks: _____

2. Are the passenger facilities at the dock accessible?

___ ___ ___

Remarks: _____

YES NO N/A

3. Are the boarding facilities (ramps) accessible?

— — —

Remarks: _____

c) Land

1. _____ km to railroad station. Is the station accessible?

— — —

Remarks: _____

2. Is there a drop-off for wheelchairs at the railroad station?

— — —

Remarks: _____

3. Is there parking designated for disabled persons at the railroad station?

— — —

Remarks: _____

4. Are the passenger loading docks accessible?

— — —

Remarks: _____

5. Can a wheelchair get to the train from a loading dock?

— — —

Remarks: _____

6. Are the railroad coaches accessible?

— — —

Remarks: _____

7. _____ km to nearest commuter train stop. Is there an accessible loading area?

— — —

Remarks: _____

8. Is there a drop-off for wheelchairs at the commuter stop?

— — —

Remarks: _____

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
9. Is there a designated parking space for cars transporting wheelchair users at the commuter station?	---	---	---
Remarks: _____ _____			
10. Is there an accessible shelter for people waiting for the commuter train?	---	---	---
11. Is the commuter passenger loading dock accessible?	---	---	---
Remarks: _____ _____			
12. Can a wheelchair get to the commuter train from the loading dock?	---	---	---
Remarks: _____ _____			
13. Are the commuter train coaches accessible?	---	---	---
Remarks: _____ _____			
14. ___ km to bus depot. Is the building accessible?	---	---	---
Remarks: _____ _____			
15. Is there a drop-off for wheelchairs at the bus depot?	---	---	---
Remarks: _____ _____			
16. Is there any designated parking for cars transporting wheelchair users at the bus depot?	---	---	---
Remarks: _____ _____			
17. Are the passenger loading docks accessible?	---	---	---
Remarks: _____ _____			

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
18. Can a wheelchair get on the bus from the loading dock?	---	---	---
Remarks: _____ _____			
19. Is the coach accessible?	---	---	---
Remarks: _____ _____			
20. Approx. _____ m to nearest public transportation.			
21. Is there a streetcar service? Is it accessible?	---	---	---
22. Is there a trolley bus service? Is it accessible?	---	---	---
23. Is there a transit bus service? Is it accessible?	---	---	---
24. Is there a shelter? Is it accessible?	---	---	---
25. Is there a Dial-a-bus service?	---	---	---
Remarks: _____ _____			
26. Is there a subway service? Name of nearest station _____	---	---	---
Remarks: _____ _____			
Is the station accessible?	---	---	---
Remarks: _____ _____			
27. Are the subway coaches accessible from the loading platform?	---	---	---
Remarks: _____ _____			
28. Are the coaches accessible?	---	---	---
Remarks: _____ _____			

YES NO N/A

29. Is there another public transportation service?
Specify _____

Is it accessible?

— — —

Remarks: _____

SUBTOTAL SECTION 1A

— — —

B. Exterior access on the building site

a) Vehicular (Car, Van, Limousine)

YES NO N/A

1. Is there a parking space identified as reserved for vehicles for disabled persons close to an accessible entrance?
 _____ m to entrance

___ ___ ___

Remarks: _____

2. Is there an international symbol of access indicating the direction to the designated parking area?
3. Are there signs indicating the direction to the entrance for disabled persons?
4. Are there parking spaces 3.7 m wide (12') for persons using wheelchairs or braces or crutches?
5. Is the wheelchair transfer space on a level surface?
6. Does the designated parking space lead directly to an accessible entrance without crossing vehicular traffic?
7. Can a car be left in the designated parking area without having to be reparked by a driver after the disabled person is unloaded?
8. Is the parking area for disabled persons sheltered from rain, snow and ice?

___ ___ ___

___ ___ ___

___ ___ ___

___ ___ ___

___ ___ ___

___ ___ ___

___ ___ ___

Remarks: _____

9. Is the taxi or car drop-off sheltered?

___ ___ ___

Remarks: _____

b) Pedestrian

1. Are the public walks at least 1500 mm wide?
 Actual width: _____ mm

___ ___ ___

Remarks: _____

2. Does the walk have a slip resistant surface?

___ ___ ___

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
3. Does the sidewalk have curb cuts?	—	—	—
Remarks: _____ _____			
4. Are walks on a continuous run without steps or abrupt changes in level?	—	—	—
Remarks: _____ _____			
5. Are there tactile cues at the top and bottom of stairs, ramps, curbs?	—	—	—
Remarks: _____ _____			
6. Are the walks free from projecting obstacles (for blind users)?	—	—	—
Remarks: _____ _____			
7. Is the gradient of ramp 5% or less (1 unit rise in 20 units of run)? Actual slope: 1/____	—	—	—
Remarks: _____ _____			
8. Is the gradient of ramp between 5% and 8% (1 unit of rise in 12 units of run)? Actual slope: 1/____	—	—	—
9. Is the length of run between landings less than 9 m?	—	—	—
Remarks: _____ _____			
10. Is the surface of ramps slip resistant?	—	—	—
11. Is there a level landing at least 1500 mm x 1500 mm at the bottom of the ramp?	—	—	—
12. Is there a level landing at each change of direction of ramp?	—	—	—
13. Is the intersection of the ramp and the landing at a right angle to the direction of travel (i.e., 2 wheels hit landing at same time)?	—	—	—

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
14. Is there a level landing at the top of the ramp at least 1500 mm long x 900 mm wide (1500 mm wide if a door swings onto it)?	---	---	---
15. Is there a suitable handrail on at least one side of the ramp 800 to 920 mm in height?	---	---	---
16. Does the handrail extend 300 mm beyond the top and bottom of the ramp?	---	---	---
17. Does the handrail have tactile warning for blind users?	---	---	---
18. On free-standing ramps narrower than 1500 mm are there upturned edges 25 to 50 mm high for safety or protection bars no more than 200 mm above the ramp surface?	---	---	---
Specify: _____			
19. Is the ramp protected from rain, snow and ice?	---	---	---
Remarks: _____ _____			
20. Is the common use patio accessible?	---	---	---
Remarks: _____ _____			
21. Is the common use balcony accessible?	---	---	---
Remarks: _____ _____			
22. Is the communal roof deck accessible?	---	---	---
Remarks: _____ _____			
23. Is the garden accessible?	---	---	---
Remarks: _____ _____			
24. Outdoor lighting:			
a) Is the light soft enough?	---	---	---
b) Is the light bright enough?	---	---	---
c) Is it sufficiently uniform?	---	---	---
d) Is it free from glare?	---	---	---
Remarks: _____ _____			

YES NO N/A

25. Outdoor signage for directional orientation:

- | | | | |
|-------------------------------------|-----|-----|-----|
| a) Are the characters large enough? | --- | --- | --- |
| b) Is the design easy to read? | --- | --- | --- |
| c) Is there enough contrast? | --- | --- | --- |
| d) Is the sign well lighted? | --- | --- | --- |
| e) Is it legible by touch? | --- | --- | --- |

Remarks: _____

26. Are the following items positioned in the street so that they do not cause an obstruction for blind persons or persons using wheelchairs, walkers, crutches, braces, canes or other walking aids?

- | | | | |
|--------------------------|-----|-----|-----|
| a) Trees | --- | --- | --- |
| b) Planters | --- | --- | --- |
| c) Poles | --- | --- | --- |
| d) Signs | --- | --- | --- |
| e) Guy wires | --- | --- | --- |
| f) Parking meters | --- | --- | --- |
| g) Fire hydrants | --- | --- | --- |
| h) Benches | --- | --- | --- |
| i) Trash containers | --- | --- | --- |
| j) Newspaper boxes | --- | --- | --- |
| k) Mail boxes | --- | --- | --- |
| l) Sculptures | --- | --- | --- |
| m) Drinking fountains | --- | --- | --- |
| n) Reflecting fountains | --- | --- | --- |
| o) Ornamental fountains | --- | --- | --- |
| p) Other (specify) _____ | --- | --- | --- |

Remarks: _____

27. Are the following community facilities within 1500 m and accessible to disabled persons? (Applicable only in some cases.)

- | | <u>Actual
Distance
(Metres)</u> | | | |
|-------------------|-----------------------------------------|-----|-----|-----|
| a) Food store | _____ | --- | --- | --- |
| b) Drug store | _____ | --- | --- | --- |
| c) Liquor store | _____ | --- | --- | --- |
| d) Restaurant | _____ | --- | --- | --- |
| e) Bank | _____ | --- | --- | --- |
| f) Clothing store | _____ | --- | --- | --- |
| g) Hardware store | _____ | --- | --- | --- |
| h) Post office | _____ | --- | --- | --- |

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
i) Doctor's office (G.P.) or clinic	_____	---	---	---
j) Dental services	_____	---	---	---
k) Community centre	_____	---	---	---
l) Daycare centre for children	_____	---	---	---
m) Daycare centre for adults	_____	---	---	---
n) Kindergarten	_____	---	---	---
o) School	_____	---	---	---
p) College	_____	---	---	---
q) University	_____	---	---	---
r) Preschool playground	_____	---	---	---
s) School age playground	_____	---	---	---
t) Adult recreational facilities	_____	---	---	---
u) Public open space or park	_____	---	---	---
v) Place of worship	_____	---	---	---
w) Theatre	_____	---	---	---
x) Cinema	_____	---	---	---
y) Stadium or arena	_____	---	---	---
z) Other (specify) _____	_____	---	---	---

Remarks: _____

SUBTOTAL SECTION 1B --- --- ---

SUBTOTAL SECTIONS 1A AND 1B --- --- ---

SECTION 2. ACCESSIBILITY WITHIN THE BUILDING

<u>A. Entrance to the Building</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Is there at least one primary entrance usable without assistance by someone in a wheelchair?	---	---	---
2. Are there any other accessible entrances?	---	---	---
Specify: _____			
3. Is the main entrance accessible from the outside without having to use steps or stairs?	---	---	---
4. Number of steps _____. Do they have an adequate handrail?	---	---	---
Remarks: _____ _____			
5. Is there a ramp outside the main entrance?	---	---	---
Remarks: _____ _____			
6. Are there handrails at the ramp at a height of 800 to 920 mm?	---	---	---
7. Is there a level, paved area at least 1500 x 1500 mm outside the door?	---	---	---
8. Is the threshold less than 15 mm high?	---	---	---
Remarks: _____ _____			
9. Is the accessible entrance identified by the international symbol of access?	---	---	---
10. Is there an automatic door opening device?	---	---	---
11. Can the accessible exterior door be opened with a force of less than 36 N (8 lbf)?	---	---	---
12. Can the interior door be opened with a force of less than 22 N (5 lbf)?	---	---	---
13. Does the door have a clear opening of at least 810 mm (2'8")?	---	---	---
14. Are the door handles 760 to 915 mm (30-36") from the floor? Levers _____ Knobs _____ Bars _____ Other _____	---	---	---

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
15. Is there space to manoeuvre a wheelchair in the vestibule?	---	---	---
Remarks: _____ _____			
16. Are the floor surfaces slip resistant?	---	---	---
17. Is the door bell or call button lower than 900 mm (3')?	---	---	---
18. Where turnstiles are used is there a clearly marked alternate route not less than 900 mm wide?	---	---	---
19. Are doors operable by a single effort? (Two leaf doors are not usable by disabled persons unless one of the two meets minimum clear opening requirement of 760 to 810 mm).	---	---	---
20. Is there a level floor for at least 1500 mm on both sides of the door and at least 600 mm beyond door width on the opening side?	---	---	---
21. Do the door closers allow the use of the doors by disabled persons (delayed action)?	---	---	---
22. Are the lock and opening mechanisms operable with one hand?	---	---	---
Remarks: _____ _____			
SUBTOTAL SECTION 2A	---	---	---

COMMENTS ABOUT PRIMARY ENTRANCE:

COMMENTS ABOUT OTHER ENTRANCES TO THE BUILDING:

<u>B. Horizontal Circulation (communal use)</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Is the lobby accessible?	—	—	—
Remarks: _____ _____			
2. Is directional orientation provided in the lobby?	—	—	—
3. Is directional orientation provided elsewhere?	—	—	—
Specify: _____ _____			
4. Is directional orientation accessible to the blind?	—	—	—
Remarks: _____ _____			
5. Are cloakrooms visible from the lobby?	—	—	—
6. Is the checkroom counter less than 835 mm high?	—	—	—
7. Is there an accessible cloakroom (hanging rod or hooks less than 1420 mm high)?	—	—	—
Remarks: _____ _____			
8. Is there an accessible mailbox?	—	—	—
Remarks: _____ _____			
9. Is the corridor at least 1500 mm wide where wheelchairs must pass one another?	—	—	—
10. Are the corridors for single wheelchair use at least 940 mm wide?	—	—	—
11. Are the floors on each storey at a common level or connected by a ramp?	—	—	—
12. Do corridors have slip resistant floor surfaces?	—	—	—
Remarks: _____ _____			
13. Does the carpeting allow the free movement of wheelchairs (i.e. it is not deep pile nor directional weave; does not bunch up or glide, etc.)?	—	—	—
Remarks: _____ _____			

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
14. Is the floor covering depressed less than 85 mm under a pressure of 200 kPa (30 psi)?	—	—	—
15. Are all surfaces free from glare?	—	—	—
Remarks: _____ _____			
16. Is there a clear demarcation of differences in floor level?	—	—	—
Remarks: _____ _____			
SUBTOTAL SECTION 2B	—	—	—

C. Vertical Circulation

a) Elevators

YES NO N/A

- | | | | | |
|----|----------------------------------------------------------------------------------------------|---|---|---|
| 1. | Is there an elevator that is accessible from the entrances used by a person in a wheelchair? | — | — | — |
| 2. | Does the accessible elevator serve all floors including garage levels? | — | — | — |

Remarks: _____

- | | | | | |
|-----|--------------------------------------------------------------------------------------------------|---|---|---|
| 3. | Is there a 1500 mm turning circle in front of the elevator doors? | — | — | — |
| 4. | Are the elevator car dimensions sufficient to accommodate a wheelchair (minimum 1370 x 1300 mm)? | — | — | — |
| 5. | Is the elevator designed for passenger use? | — | — | — |
| 6. | Does the accessible elevator car stop precisely at floor level or within 15 mm? | — | — | — |
| 7. | Is the door opening at least 810 mm wide? | — | — | — |
| 8. | Is the door equipped with an automatic safety reopening device? | — | — | — |
| 9. | Is the gap between the car and the building floor less than 35 mm? | — | — | — |
| 10. | Are the controls accessible from a wheelchair? | — | — | — |

Remarks: _____

- | | | | | |
|-----|--------------------------------------------------------|---|---|---|
| 11. | Are controls accessible to the blind (raised symbols)? | — | — | — |
|-----|--------------------------------------------------------|---|---|---|

Remarks: _____

- | | | | | |
|-----|------------------------------------------|---|---|---|
| 12. | Are there audible signals for the blind? | — | — | — |
|-----|------------------------------------------|---|---|---|

Remarks: _____

- | | | | | |
|-----|------------------------------------------------|---|---|---|
| 13. | Is there emergency communication within reach? | — | — | — |
|-----|------------------------------------------------|---|---|---|

Remarks: _____

- | | | | | |
|-----|---------------------------------|---|---|---|
| 14. | Is there a handrail in the car? | — | — | — |
|-----|---------------------------------|---|---|---|

YES NO N/A

15. Is there a floor designation on both door jambs,
numbers at least 40 mm high, raised at least
1 mm, located 1370 to 1500 mm above floor?

— — —

COMMENTS ABOUT ELEVATORS:

b) Stairs	<u>YES</u>	<u>NO</u>	<u>N/A</u>
Location: _____			
(Unless all stairs are the same, use separate sheet for each stairs.)	---	---	---
1. Is there an alternative to the stairs?	---	---	---
Remarks: _____ _____			
2. Are the stairs well lighted (50 lx min. with 300 lx at top and bottom)?	---	---	---
3. Are there handrails at a height of 920 mm? Actual height: _____ mm	---	---	---
Remarks: _____ _____			
4. Does the handrail extend at least 300 mm beyond the top step?	---	---	---
5. Does the handrail extend at least 300 mm beyond the bottom step?	---	---	---
6. Are the risers less than 180 mm high?	---	---	---
7. Are the treads more than 265 mm deep?	---	---	---
8. Do the treads have a slip resistant finish or skid resistant strips?	---	---	---
9. Are the edges clearly marked for visually impaired people?	---	---	---
10. Have open risers been avoided?	---	---	---
11. If there is a nosing is it designed to prevent tripping?	---	---	---
12. Have winders been avoided?	---	---	---

COMMENTS ABOUT STAIRS:

c) Ramps

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Are ramps provided?	—	—	—
2. Is the location of each ramp indicated by an international symbol of access?	—	—	—
3. Is the length between landings less than 9000 mm?	—	—	—
4. Is the ramp width at least 900 mm?	—	—	—
5. Does the ramp have a gradient which is 1/20 or less?	—	—	—
6. Is the gradient 1/12 or less? Actual slope: 1/___	—	—	—
7. Is the surface of the ramp slip-resistant?	—	—	—
8. Is there a level landing at the bottom of the ramp at least 1500 mm long and 900 mm wide and 1500 mm wide if a door swings into it?	—	—	—
9. Is there a level landing at each change of direction?	—	—	—
10. Do two wheels of the wheelchair hit the slope or the landing at the same time?	—	—	—
11. Is there a level landing at the top of the ramp at least 1500 mm long and 900 mm wide and 1500 mm wide if a door swings into it?	—	—	—
12. Is there a suitable handrail on at least one side of ramp 800 mm to 920 mm in height?	—	—	—
13. Does the handrail extend 300 mm beyond the top and bottom of the ramp?	—	—	—
14. Does the handrail have tactile warning for blind users?	—	—	—
15. On free-standing ramps narrower than 1500 mm are there upturned edges 25 to 50 mm high for safety or protective bars no more than 200 mm above the ramp surface?	—	—	—
16. Is the ramp well lighted (50 lx min. with 300 lx at top and bottom)?	—	—	—
SUBTOTAL SECTION 2C	—	—	—

D. <u>Communal Facilities</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Are there any accessible drinking fountains in the public areas?	—	—	—
2. Are they hand operated?	—	—	—
3. Does the fountain base allow adequate foot clearance for a wheelchair user?	—	—	—
4. Is the water jet 900 mm or less from the floor?	—	—	—
5. Is the drinking fountain positioned so as not to be a hazard for blind persons?	—	—	—
Remarks: _____ _____			
6. Is there a public telephone that is accessible to wheelchair users and that has coin slot and dial 1200 mm or less above floor?	—	—	—
7. Is there a telephone equipped for persons with hearing disabilities?	—	—	—
Remarks: _____ _____			
8. Are switches and essential controls such as lights, ventilation, fire alarms, elevator call and all similar controls within reach of a person in a wheelchair (1200 mm max. height)?	—	—	—
9. Are audible warning signals accompanied by simultaneous visual signals for persons with hearing or sight impairment?	—	—	—
Remarks: _____ _____			
10. Is there a directional signage system for disabled people in the building?	—	—	—
11. Are raised or recessed letters or numbers used to identify rooms or offices?	—	—	—
12. Are they at a height of 1300 to 1600 mm above floor?	—	—	—
13. Are exit signs easily visible to disabled persons?	—	—	—
Remarks: _____ _____			
SUBTOTAL SECTION 2D	—	—	—

E. Rooms

**a) Main reception waiting area

Location: _____

Public or client waiting or sitting areas

Location: _____

Conference room

Location: _____

Board room

Location: _____

Small meeting room

Location: _____

Lounge

Location: _____

Other common use room

Specify: _____

Location: _____

YES NO N/A

1. Does the door have a clear opening of at least 810 mm?

___ ___ ___

Remarks: _____

2. Are the door handles within a range of 760 to 915 mm above the floor?

___ ___ ___

Levers ___ Knobs ___ Bars ___ Other ___

Remarks: _____

3. Is the door threshold less than 15 mm high?

___ ___ ___

4. Are the light switches within a range of 835 to 1065 mm above the floor?

___ ___ ___

5. Is the thermostat at a height not greater than 1065 mm above the floor?

___ ___ ___

6. Is the intercom within a range of 835 to 1065 mm above the floor?

___ ___ ___

7. Are the wall receptacles within a range of 450 to 530 mm above the floor?

___ ___ ___

*Add sheet number for each room surveyed or group of rooms with same set of conditions.

**Strike out uses that do not apply.

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
8. Is the window sill 760 mm or less from the floor?	—	—	—
9. Are the window operating devices operable from a wheelchair?	—	—	—
Remarks: _____ _____			
10. Are the air conditioning controls operable by a disabled person?	—	—	—
Remarks: _____ _____			
11. Are other electric or electronic devices operable by a disabled person?	—	—	—
Specify: _____			
Remarks: _____ _____			
12. Is the counter height within a range of 835 to 915 mm? Actual height: _____ mm	—	—	—
13. Is there shelving that is reachable from a seated position?	—	—	—
14. Are there racks, hanging rods, coat hooks that are reachable from a wheelchair?	—	—	—
15. Are the floors slip resistant?	—	—	—
16. Does the carpeting allow the free movement of wheelchairs?	—	—	—
17. Are all surfaces free from glare?	—	—	—
18. Is the lighting adequate for visually impaired persons (50 lx min. with 300 lx at focal points or for reading)?	—	—	—
19. Is the signage appropriate for visually impaired persons (size, colour, contrast)?	—	—	—
20. Is there proper demarcation of differences in level by contrasting colour and appropriate lighting?	—	—	—

*Add sheet number for each room surveyed or group of rooms with same set of conditions.

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
21. Is there adequate space to manoeuvre a wheelchair in the room?	---	---	---
22. Does a blind person have an unobstructed path without protrusions from walls, floors or elsewhere?	---	---	---
Remarks: _____ _____			
23. Is there an induction loop and/or other audio equipment installed for hearing impaired persons?	---	---	---
Remarks: _____ _____			
24. Is the level of mechanical and other background noises low enough to avoid interference with sound reception on a conversational level by persons using hearing aids (less than 85 dB)?	---	---	---
25. Is the room accessible by wheelchair from the main entrance?	---	---	---
Remarks: _____ _____			
26. Is the patio accessible from this room?	---	---	---
Remarks: _____ _____			
27. Is the balcony accessible from this room?	---	---	---
Remarks: _____ _____			
SUBTOTAL SECTION 2E (a)	---	---	---

COMMENTS:

*Add sheet number for each room surveyed or group of rooms with same set of conditions.

b) Cafeteria	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Is the food service lane at least 865 mm wide?	—	—	—
2. Is there knee space under tray slide at least 660 mm high?	—	—	—
3. Is the passage between tables (chairs) at least 810 mm wide?	—	—	—
4. Are there some tables that are accessible in a wheelchair? Total of ___ seating spaces available to wheelchairs.	—	—	—
5. Are cutlery and food display racks visible and within reach of a person in a wheelchair?	—	—	—
SUBTOTAL SECTION 2E (b)	—	—	—

COMMENTS ABOUT CAFETERIA:

*Add sheet number for each room surveyed or group of rooms with same set of conditions.

c) Employer and employee offices and similar rooms

(Including reception office, mail room, shipping and receiving room, executive offices, staff offices, dining rooms other than main cafeteria, etc.) (Do not include washrooms or kitchens.)

Identify rooms by number, floor level, location, general use and group together as many rooms as possible where these have the same degree of accessibility. Examples: (1) ALL BASEMENT ROOMS IN NORTH WING, (2) ADMINISTRATION OFFICES ON FIRST FLOOR, (3) ROOMS D 201 to D 224, (4) EXECUTIVE DINING ROOM THIRD FLOOR.

Room: _____

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Does the door have a clear opening at least 810 mm wide?	—	—	—
Remarks: _____ _____			
2. Are the door handles within a range of 750 to 915 mm above the floor? Levers _____ Knobs _____ Bars _____ Other _____	—	—	—
Remarks: _____ _____			
3. Is the door threshold less than 15 mm high?	—	—	—
4. Are the light switches within a range of 835 to 1065 mm above the floor?	—	—	—
5. Is the thermostat at a height not greater than 1065 mm above the floor?	—	—	—
6. Is the intercom within a range of 835 to 1065 mm above the floor?	—	—	—
7. Are the wall receptacles within a range of 450 to 530 mm above floor?	—	—	—
8. Is the window sill 760 mm or less from the floor?	—	—	—
9. Are the window operating devices operable from a wheelchair?	—	—	—
Remarks: _____ _____			

*Add sheet number for each room surveyed or group of rooms with same set of conditions.

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
10. Are the air conditioning controls operable by a disabled person?	---	---	---
Remarks: _____ _____			
11. Are other electric or electronic devices operable by a disabled person? Specify: _____	---	---	---
Remarks: _____			
12. Is the counter height within a range of 835 to 915 mm? Actual height: _____ mm	---	---	---
13. Is there shelving that is reachable from a seated position?	---	---	---
14. Are there racks, hanging rods, coat hooks that are reachable from a wheelchair?	---	---	---
15. Are the floors slip resistant?	---	---	---
16. Does the carpeting allow free movement of wheelchairs?	---	---	---
17. Are all surfaces free from glare?	---	---	---
18. Is there adequate lighting for visually impaired persons (50 lx min. at floor with 300 lx at focal points and for reading)?	---	---	---
19. Is the signage appropriate for visually impaired persons?	---	---	---
20. Is there proper demarcation of differences in level by colour contrast and appropriate lighting?	---	---	---
21. Is there adequate space to manoeuvre a wheelchair in the room?	---	---	---
22. Does a blind person have an unobstructed path without protrusions from walls, floors or elsewhere?	---	---	---
Remarks: _____ _____			

*Add sheet number for each room surveyed or group of rooms with same set of conditions.

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
23. Is there an induction loop and/or other audio equipment installed for hearing impaired persons?	—	—	—
Remarks: _____ _____			
24. Is the level of mechanical and other background noises low enough to avoid interference with sound reception on a conversational level by persons using hearing aids (less than 85 dB)?	—	—	—
25. Is the room accessible by wheelchair from the main entrance?	—	—	—
Remarks: _____ _____			
26. Is the patio accessible from this room?	—	—	—
Remarks: _____ _____			
27. Is the balcony accessible from this room?	—	—	—
Remarks: _____ _____			
SUBTOTAL SECTION 2E (c)	—	—	—

COMMENTS:

*Add sheet number for each room surveyed or group of rooms with same set of conditions.

**d) Main kitchen, lunch room kitchenette, kitchen-dining, other kitchen
Specify: _____

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Is the room accessible by wheelchair from:			
a) main entrance?	—	—	—
b) service entrance?	—	—	—
c) dining room?	—	—	—
d) other (specify) _____	—	—	—
Remarks: _____ _____			
2. Does the service entry have a clear opening of 810 mm?	—	—	—
Remarks: _____ _____			
3. Are the door handles within a range of 760 to 915 mm above the floor?			
Levers _____ Knobs _____ Bars _____ Other _____	—	—	—
4. Is the door threshold less than 15 mm high?	—	—	—
5. Does the dining room door have a clear opening of 810 mm?	—	—	—
Remarks: _____ _____			
6. Does the dining room door have a vision panel not higher than 1000 mm from the floor?	—	—	—
Remarks: _____ _____			
7. Are the door handles within a range of 760 to 915 mm above the floor?			
Levers _____ Knobs _____ Bars _____ Other _____	—	—	—
8. Is the dining room door threshold less than 15 mm high?	—	—	—
9. Are there accessible switches within a range of 835 to 1065 mm above the floor?	—	—	—
Remarks: _____ _____			

*Add sheet number for each room surveyed or group of rooms with same set of conditions.

**Strike out uses that do not apply.

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
10. Are the wall receptacles within a range of 450 to 530 mm above the floor?	___	___	___
11. Are the accessible electrical outlets at the front or side of the counter?	___	___	___
Remarks: _____ _____			
12. Is the counter height 840 mm for use by a person in a wheelchair?	___	___	___
13. Is there knee space at the sink (min. 750 wide x 660 high x 250 mm)?	___	___	___
14. Is there pipe insulation or a baffle for knee protection?	___	___	___
15. Are the faucets a lever type or other accessible type? Specify: _____	___	___	___
16. Is there a pull-out cutting board below the counter top?	___	___	___
17. Are there any pull-out storage units under the counter? Remarks: _____ _____	___	___	___
18. Is the toe space at the counter 230 mm high and 150 mm deep?	___	___	___
19. Is the wall cupboard shelving reachable from a seated position (lower shelf not higher than 1250 mm)?	___	___	___
20. Is the pantry shelving reachable from a wheelchair?	___	___	___
21. Are the racks, hanging rods, pot hooks, spice shelves reachable from a wheelchair (1420 mm or lower)?	___	___	___
22. Are the stove controls accessible from a seated position? Front ___ Top ___	___	___	___
Remarks: _____ _____			

*Add sheet number for each room surveyed or group of rooms with same set of conditions.

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
23. Is the floor slip resistant?	---	---	---
24. Does the carpeting allow the free movement of wheelchairs?	---	---	---
25. Are all surfaces free from glare?	---	---	---
26. Is the lighting adequate for visually impaired persons (50 lx min. with 300 lx at focal points and for reading)?	---	---	---
Remarks: _____ _____			
27. Is there adequate space to manoeuvre a wheelchair (1370 mm in front of counters and appliances; 1500 mm if turn-around required for efficient operation)?	---	---	---
Remarks: _____ _____			
28. Is the patio accessible from the kitchen?	---	---	---
Remarks: _____ _____			
SUBTOTAL SECTION 2E (d)	---	---	---

COMMENTS ABOUT KITCHEN:

*Add sheet number for each room surveyed or group of rooms with same set of conditions.

e) Washroom(s) M _____ F _____ M/F _____
 Location: _____

YES NO N/A

1. Does the door have a clear opening of at least 810 mm?

 Remarks: _____

2. Are the door handles within a range of 760 to 915 mm above the floor?
 Levers _____ Knobs _____ Bars _____ Other _____

3. Is the door threshold less than 15 mm high?

4. Does the door swing out of the room?

 Remarks: _____

5. Is there a turning circle 1500 mm diameter in the room? (Note: Mark N/A if room is usable without having to turn wheelchair right around.)

6. Is there room to manoeuvre a wheelchair for each use of all the fixtures in the bathroom?

 Remarks: _____

7. Are there accessible light switches within a range of 835 to 1065 mm above the floor?

8. Is there a reachable outlet for plugging in razor, hair dryer, etc.?

9. Is the mirror and shelf less than 950 mm above the floor?

10. Are towel racks, soap holders or dispensers, toothbrush and cup holders, paper dispensers and other such fixtures in an accessible space, less than 1000 mm above the floor and less than 550 mm from the front of the counter?

 Remarks: _____

*Add sheet number for each room surveyed or group of rooms with same set of conditions.

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
11. Is there knee space at the lavatory, 660 mm high?	—	—	—
12. Is there pipe insulation or a baffle for knee protection?	—	—	—
13. Is the top of the toilet seat 450 mm above the floor? Wall mounted toilet: _____ Raised floor: _____ Seat adapter: _____	—	—	—
14. Are there adequate grab bars at the toilet?	—	—	—
Remarks: _____ _____			
15. Is there a space at least 600 mm wide beside the toilet to allow for a lateral transfer?	—	—	—
16. Is there a space for a wheelchair at the front of the toilet (min. depth 1350 mm)?	—	—	—
17. If toilet is in a cubicle is the cubicle at least 1500 mm wide, 1500 mm deep?	—	—	—
Remarks: _____ _____			
18. Does the bathtub have appropriate grab bars?	—	—	—
Remarks: _____ _____			
19. Does the shower have appropriate grab bars?	—	—	—
Remarks: _____ _____			
20. Are the faucets in the bathtub reachable and easily operable from a wheelchair?	—	—	—
Remarks: _____ _____			
21. Are the faucets in the shower reachable and easily operable from a wheelchair?	—	—	—
Remarks: _____ _____			

*Add sheet number for each room surveyed or group of rooms with same set of conditions.

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
22. Are the faucets at the lavatory reachable and easily operable from a wheelchair?	---	---	---
Remarks: _____ _____			
23. Is the toilet flushing device reachable and easily operated from a wheelchair?	---	---	---
Remarks: _____ _____			
24. Is the shower head attached to a flexible hose easily reached from the bathtub or from a wheelchair?	---	---	---
Remarks: _____ _____			
25. Does the room have a device to signal for assistance?	---	---	---
26. Does the room have space for an attendant assisting someone in a wheelchair?	---	---	---
SUBTOTAL SECTION 2E (e)	---	---	---
SUBTOTAL SECTION 2E	---	---	---

COMMENTS ABOUT WASHROOM(S)

*Add sheet number for each room surveyed or group of rooms with same set of conditions.

TALLY SHEET

BUILDING NAME: _____
 ADDRESS: _____

DATE OF SURVEY: _____

SURVEY TEAM: _____

<u>SURVEY TEAM</u>		<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>RATING</u>
Section 1A	Transportation	___	___	___	___
Section 1B	Exterior Access	___	___	___	___
Section 2A	Entrance to Building	___	___	___	___
Section 2B	Horizontal Circulation	___	___	___	___
Section 2C	Vertical Circulation	___	___	___	___
Section 2D	Communal Facilities	___	___	___	___
Section 2E a)	Common Use Room(s)	___	___	___	___
Section 2E b)	Cafeterias	___	___	___	___
Section 2E c)	Offices	___	___	___	___
Section 2E d)	Kitchens	___	___	___	___
Section 2E e)	Washrooms	___	___	___	___
TOTAL		___	___	___	___

Sections requiring considerable modifications: _____
 (Positives are less than 90% of the sum of positives and negatives)

Sections requiring minor modifications: _____
 (Positives are less than 97% of the sum of positives and negatives)

Rating of Case Study's accessibility on a scale of 0 to 10: _____