

ATTACHMENT H

State of Vermont
 Department of Disabilities, Aging & Independent Living
 Division of Disability & Aging Services
Accessibility Standards and Checklist

DATE OF INSPECTION: ___/___/___		Please Print Clearly and Firmly
Consumer Name		
Physical/Mobility Impairments		
Date of Occupancy		
Services Coordinator		
Responsible Agency		
Home Provider		
911 Address		
City, State, Zip Code		
Type of Housing/Comments		

ACCESSIBLE ROUTES – EXTERIOR

	YES	NO	COMPLETE (initial)
1. Is there at least 36 inches clear width?	_____	_____	_____
2. Is it continuous and not interrupted by abrupt level changes or steps?	_____	_____	_____
3. Is the slope less than 1:20?	_____	_____	_____
4. Are all cracks or holes less than ½ inch?	_____	_____	_____
5. Are there no protrusions of more than 4 inches between 27 and 80 inches of height (80 inches of headroom)?	_____	_____	_____

RAMPS

1. Is there a ground level entrance or ramp with a slope no greater than 1:12?	_____	_____	_____
2. Is there a width of 36 inches between handrails?	_____	_____	_____
3. Are the landings 60 inches long on top, bottom, and in all changes of direction?	_____	_____	_____
4. Are all handrails between 34 and 38 inches high on both sides?	_____	_____	_____
5. Is the diameter of the handrails 1¼ to 2 inches, with a minimum clear space from adjacent surface of 1½ inches?	_____	_____	_____
6. Does the handrail extend 12 inches beyond top and bottom?	_____	_____	_____

DOORS

YES NO COMPLETE
(initial)

- 1. Do all doors have a clear width of at least 32 inches? _____
- 2. Do all doors have hardware that is easy to operate without twisting or grasping? _____
- 3. Is there 60 inches of clearance on the pull side of the door and 48 inches of clearance on the push side? _____
- 4. Is the threshold less than 1½ inch high or ramped 1:12 if higher? _____
- 5. Is the door pull less than 5 pounds of force? _____

ACCESSIBLE ROUTES – INTERIOR

- 1. Are all routes least 36 inches wide? _____
- 2. Are level changes are less than ¼ inch unless beveled or ramped? _____
- 3. Are there no protrusions of more than 4 inches between 27 and 80 inches of height (80 inches of headroom)? _____
- 4. Is there 80 inches of headroom? _____
- 5. Is there at least one accessible route to all accessible space? _____

BATHROOMS

A. Doors and Clearance

- 1. Is the clear width at least 32 inches? _____
- 2. Is the door hardware easy to operate with one hand, without twisting or grasping? _____
- 3. Is there sufficient space for a person using a wheelchair to enter, close the door, use the fixtures, reopen the door and exit? _____

B. Toilets (see figure B4.33.3.2)

- 1. Is there a clear space in front of the toilet 48 inches deep? (Measured from the front of the toilet) _____
- 2. Is the space adjacent to the toilet 48 inches wide? _____
- 3. Is the center of the toilet at least 18 inches from the wall? _____
- 4. Is the center of the toilet at least 18 inches from any fixture or obstruction? _____
- 5. Are grab bars installed on the adjacent wall in back the toilet that are at a height of 33 – 36 inches above the floor? _____
- 6. Is the top of the toilet seat at least 15 inches above the floor? _____
- 7. Is the toilet paper dispenser installed 19 inches above the floor and within easy reach? _____

BATHROOMS (continued)

YES NO COMPLETE
(initial)

C. Lavatories

- 1. Is there at least 29 inches clearance from floor to bottom of apron? _____
- 2. Is there a clear floor space of 30 inches by 48 inches at the front? _____
- 3. Do the faucets operate with one hand without twisting or grasping and with no more than 5 lbs. of force? _____
- 4. Are exposed pipes or sharp surfaces insulated and/or covered? _____
- 5. When a medicine cabinet is provided, is one usable shelf no higher than 44 inches above the floor? _____
- 6. Is the mirror mounted with bottom edge 40 inches or less above the floor? _____

D. Bathtubs

- 1. Is there a clear floor area at least 30 inches deep and 60 inches wide?
Example: Figure B 4. 21. 20 (left)
(or) Is there a clear floor area of at least 48 inches deep and 60 inches wide?
Example: Figure B 4. 21. 2a (right) _____
- 2. Is there an in-tub seat or seat at head of tub? _____
- 3. Are grab bars installed horizontally 33 inches to 36 inches above the floor on the long wall and the wall at the foot of the tub?
(or) Is there structural reinforcement that will allow for the installation of grab bars? _____
- 4. Are faucets and controls located as noted in Figures B4. 21. 4? _____
- 5. Is the bathtub rim free from door tracks? _____

E. Shower

- 1. Is the shower at least 36 inches by 36 inches?
(or) Is the shower 30 inches by 60 inches? _____
- 2. Is there a seat provided opposite the controls that is 17 to 19 inches high and extends the depth of the shower? _____
- 3. Are grab bars installed 33 inches to 36 inches above floor?
(or) Is there structural reinforcement as shown in Figures B4. 22. 4 that will allow for the installation of grab bars? _____
- 4. Are faucet and controls easy to use and are they located as noted in Figures B4. 22. 4? _____
- 5. Is the shower spray hose at least 60 inches long? _____

PROCEDURE FOR COMPLIANCE:

All items marked **no** will be addressed in the accessibility rehabilitation plan to be **submitted within 30 days of the accessibility review.**

The Rehabilitation plan may be submitted by a Licensed Physical Therapist or Occupational Therapist.

The Service Coordinator is responsible for ensuring that all the items to be addressed will be completed **within 90 days of the initial review.**

After the modifications are complete a follow up needs to be rescheduled with the reviewer or the Physical or Occupational therapist may complete the certification below.

Reviewer _____ **Date** _____

Agency Representative _____ **Date** _____

Home Provider/Designee _____ **Date** _____

I certify that all the applicable items on the checklist have been completed.

Reviewer _____ **Date** _____

 Mail to: Department of Disabilities, Aging & Independent Living
Division of Disability & Aging Services
103 South Main Street, Weeks Bldg
Waterbury, VT 05671-1601

Original: Division of Disability and Aging Services

Yellow Copy: Agency Director

Pink Copy: Services Coordinator

Gold Copy: Return to the Division of Disability & Aging Services upon compliance