

Checklist for Ramps

INSPECTION CHECKLIST		AFTER COMPLETING YOUR INSPECTION, TRANSFER YOUR CONCERNS/OBSERVATIONS TO THIS AREA	
Date of Inspection:	Inspector:	Facility:	Name:
Location/Address:		Staff Contact:	Telephone Number:
Weather Condition:		Date Inspected:	Time:

RAMPS	Y	N	CONCERNS/OBSERVATIONS	RECOMMENDATION(S)/ACTION REQUIRED	COMPLETED DATE
Are there any accessibility ramps present?					
If Yes, describe location and the type surfacing: _____					
Condition of Surfacing: Good Fair Poor					
Is the ramp free of cracks, holes, depressions?					
If No, provide details and locations: _____					
Does the ramp have the proper slope provided?					
If No, describe: _____					
Are there adequate guardrails in place?					
Is there anti slip surfacing provided on the ramp?					
Is the ramp clear of ice and snow?					
Is there adequate lighting provided for the ramp?					
Is the transition to the building and parking area level and free of obstructions?					

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