

Checklist for Sidewalks Leading to Entrances

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:	

SIDEWALKS LEADING TO ENTRANCES	Y	N	CONCERNS/OBSERVATIONS	RECOMMENDATION(S)/ACTION REQUIRED	COMPLETED DATE
Identify Sidewalk Surfacing: Concrete Asphalt Interlocking Stone Other: _____					
Condition of surfacing: Good Fair Poor					
Are there are any heaved, cracked and damaged areas?					
If Yes, describe and note location: _____					
Are sidewalks free of ice and snow?					
Are there anti-slip devices in place?					
Is the sidewalk free of debris?					
Are there any holes or protrusions adjacent to the sidewalk?					
If Yes, describe and note location: _____					
Is adequate lighting provided for the sidewalk?					
Is the transition into building level and clear of obstructions?					
Are there any obstructions on the sidewalk (ie. clothes, drop off boxes)?					
If Yes, are these picked up regularly?					

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