

Wokingham Area Access Group

Access Guide - Survey Form

Assessor :

Date:

Business Name:

Contact Name:

Address :

Town:

Post Code:















Telephone:

Minicom:

Email:

Web:

Description Building / Service

- | | | | | | | |
|---|--------------------------|---------------------------------|--------------------------|---|--------------------------|------------------------------|
|  | <input type="checkbox"/> | LEVEL ACCESS or RAMP | <input type="checkbox"/> |  | <input type="checkbox"/> | LOW COUNTER |
|  | <input type="checkbox"/> | MANAGEABLE / AUTO DOORS | <input type="checkbox"/> |  | <input type="checkbox"/> | ACCESSIBLE WC |
|  | <input type="checkbox"/> | MANOEUVRABILITY INSIDE | <input type="checkbox"/> |  | <input type="checkbox"/> | SEATING AVAILABLE |
|  | <input type="checkbox"/> | HEARING LOOP | <input type="checkbox"/> |  | <input type="checkbox"/> | CHANGING FACILITIES |
|  | <input type="checkbox"/> | STAFF ASSISTANCE | <input type="checkbox"/> |  | <input type="checkbox"/> | DISABILITY TRAINING |
|  | <input type="checkbox"/> | ASSISTANCE DOG | <input type="checkbox"/> |  | <input type="checkbox"/> | DISABLED PARKING BAYS |
|  | <input type="checkbox"/> | ACCESS - MAXIMUM 3 STEPS | <input type="checkbox"/> |  | <input type="checkbox"/> | HOME DELIVERIES |

Additional Facilities

Owner/Managers signature: _____