ACCESS AUDIT CHECKLIST: Sheet ...1.. of ...1....

Block......I-Building Date of survey.....July 2020

H – FIXTURES AND FITTINGS				
Consider each question from the perspective of each type of disability:				
 Wheelchair Ambulant Dexterity 	Visual Auditory Comprehension			
Tick the Y or N column as appropriate and add notes if necessary				
A mark in the 'N' column indicates that the element should be given consideration in the school's Accessibility Plan.				
		Y	Ν	Notes
H01. Is any servery/counter accessible to all users, including those with hearing impairments?		V		
H02. If the building has fixed seating are there also associated spaces for wheelchair users and at regular intervals on long routes?		N/A		No fixed seating
H03. Is it possible for wheelchair users and people with other disabilities to approach and use all vending machines/drinking water dispensers, etc?			\checkmark	Staff room is very small with little room for manoeuvre
H04. Is it possible for people with disabilities to serve as volunteers?				
H05. Are all fittings readily distinguishable from their background?				
H06. Where there are display stands, to visible/reachable/accessible by p	-			
H07. In any eating/meeting space do ta layout allow for use by wheelchai with disabilities?		\checkmark		
 H08. In any staff accommodation is it s people with disabilities including v slip-resistant floor, reduced level and lever action taps? H09. Are all relevant locations clearly s 	wheelchair users, with kitchen units and sink			Slip resistant flooring - √ Kitchen units- x Sink /taps – x
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General notes to block: