ACCESSIBLE RHODE ISLAND Assessment Sheet

MS Dream Center 401-383-8878 www.access-ri.org

Please return completed form via email to: ekreutler@access-ri.org or mail to: MS Dream Center of Rhode Island. P.O. Box 20185. Cranston. RI 02920

OI	mail to. Mo Dream Center of Knode Island, 1 .O	. Box 20100, Granston, IXI 02920	
NAM	IE OF FACILITY		
TYPE	OF FACILITY		
	RESS		
CON ⁻	TACT PERSON		
	PHONE EMAIL		
	SITE		
	survey all floors where participants access		
CIRC	CLE or FILL IN THE FOLLOWING IF FOUN	ID ADA ACCESSIBLE	
	Accessible Parking is marked with appropriate painted wheelchair ymbol and is 8'0 wide		
is m			
	Route from parking to entrance of fac ated ramps OR a level path of travel mu	•	
M the o	Main Entrance at least 32" wide – must be measured from inside ne door frame		
В	Bathroom – next page	Date	
		Assessor	
		Telephone	

B Bathrooms (please notate if there is a difference re: Mens, Womens)

- Doorway at least 32" wide
- o Door handles must be latch-type
- Handles on sinks must be lever operated, push type, or electronically controlled
- Hand towel dispenser must be no more than 48" from the floor
- Minimum of 29" space from the floor to the base of the sink in order for wheelchairs to gain access.
- o 60" minimum turnaround must be available in the toilet area
- Toilet paper dispenser must be 19" maximum height from the floor
- Grab bars must measure 33" 36" from the floor

Other assistive device?		
	ther activity areas	
	ıl equipment?	
What age groups are served?Anyone with disabilities served?		
Do children need to be accompanied by an a		
Problems, issues, or incidents (ARI Personnel)		
ls there an emergency evacuation procedure	e in place for persons with disabilities?	
		
Please attach printed materials or list any schedule of activities.		