

Access Audit

Key

A: Annual check; M: Monthly check; W: Weekly check; D: Daily check; H: Hourly check.

Approach to the building

Key Yes No Comment/Action

Are there disabled parking facilities?

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Are kerbs lowered?

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Is the entrance gate wide enough for wheelchair users?

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Are there orientation landmarks for visual impairment?

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Is the route clearly signed?

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Are support rails or resting platforms provided on inclines?

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Are all surface coverings even and non-slip?

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Are pathways clear of obstructions?

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Are all areas adequately lit?

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Do steps and handrails accompany ramps?

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range of formats and at an appropriate height to suit varying needs?

Is the entrance signposted and easy to find?

Is the route to the destination clearly marked?

If applicable, is the doormat in a good condition and flush with the floor?

If an induction loop is fitted, is it working?

Can people either side of the door be seen?

Are surfaces non-slip?

Is lighting adequate?

Inside the building

Are all floor surfaces suitable?

Are the acoustics of the building suitable for children/adults with hearing impairments?

Are there colour and tonal contrasts to help distinguish fixtures and fittings from surfaces, walls and floors?

Key Yes No Comment/Action

Is there a disabled WC facility?			
Is there a handrail in one of the children's WCs?			
Are support rails available in relevant areas?			
Is the environment free from unnecessary noise?			
Are audible, manual and mechanical alarm systems supplemented with visual and verbal warnings?			
Are all areas in the building wide enough for adults and children using mobility equipment to manoeuvre?			
Are fittings fixed without dangerous edges?			
Are travel routes clutter free (e.g. from shoes and buggies)?			
Is there control of natural/artificial light to avoid glare/silhouettes and is lighting adequate?			
Are door closer mechanisms appropriately adjusted (so as not to close too quickly)?			

Are door controls (handles/knobs) at a suitable height, clearly located and easy to use?

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Completed by (name): _____ **Date:** _____

Date of next audit: _____