

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: _____