

# ACCESSIBLE RHODE ISLAND Assessment Sheet

MS Dream Center 401-383-8878

[www.access-ri.org](http://www.access-ri.org)

Please return completed form via email to: [debbie@msdreamcenter.org](mailto:debbie@msdreamcenter.org)  
or mail to: MS Dream Center of Rhode Island, P.O. Box 20185, Cranston, RI 02920

NAME OF FACILITY \_\_\_\_\_

TYPE OF FACILITY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

WEBSITE \_\_\_\_\_

survey all floors where participants access (ramps, lifts, bathrooms)

## **CIRCLE or FILL IN THE FOLLOWING IF FOUND ADA ACCESSIBLE**

**P Accessible Parking** is marked with appropriate painted wheelchair symbol and is 8'0 wide \_\_\_\_\_

**V Van Accessible Parking** is indicated by an additional 5' space that is marked with yellow diagonal lines indicating adequate space for vans/minibuses \_\_\_\_\_

**R Route** from parking to entrance of facility must have curb cuts, elevated ramps OR a level path of travel must be established

**M Main Entrance** at least 32" wide – must be measured from inside the door frame \_\_\_\_\_

**B Bathroom – next page**

Date \_\_\_\_\_

Assessor \_\_\_\_\_

Telephone \_\_\_\_\_

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

- Doorway at least 32" wide
- 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.
- 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

*Notes (for example, if men's and women's restrooms are different)*

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***If applicable:** Pool and spa areas location \_\_\_\_\_ Hoyer lift? \_\_\_\_\_*

***Other assistive device?** \_\_\_\_\_ **Other activity areas** \_\_\_\_\_*

***Staff trained re: areas of accessibility/special equipment?** \_\_\_\_\_*

***What age groups are served?** \_\_\_\_\_ **Anyone with disabilities served?** \_\_\_\_\_*

***Do children need to be accompanied by an adult?** \_\_\_\_\_*

***Problems, issues, or incidents (ARI Personnel)** \_\_\_\_\_*

***Is there an emergency evacuation procedure in place for persons with disabilities?***

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***Please attach printed materials or list any schedule of activities.***

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