

TESTER'S CHECKLIST

Entrance to Unit

If Clear Opening Width of Doorway < 32": _____

Door Opening Hardware: _____

Kitchen

U-Shaped? ____ Yes ____ No // If yes, stove or sink at bottom of U? ____ Yes ____ No

Appliance to counter: _____

Counter to counter: _____

If Midline of Stove to nearest obstruction < 24": _____

If Midline of Sink to nearest obstruction < 24": _____

Cabinet under Sink	Yes	No	?
Flooring continues under sink?			
Wall paint continues under sink?			
Water pipes covered?			

Living/Dining Room

If Height of highest control button on wall thermostat > 48": _____

If Height of midline of lowest electrical outlet < 15": _____

Number of electrical outlets measured: _____

Bathroom(s)

Number of Bathrooms: ____

Bathroom 1:

Type: ____ (A or B)

If Clear Opening Width of Doorway < 31 5/8": _____

If Midline of Sink to nearest obstruction < 24": _____

Cabinet under Sink	Yes	No	?
Flooring continues under sink?			
Wall paint continues under sink?			
Water pipes covered?			

If Midline of toilet to left nearest obstruction < 18": _____

If Midline of toilet to right nearest obstruction < 18": _____

Does swing of door overlap 30" x 48" cloth? ____ Yes ____ No

Bathroom 2:

Type: ____ (A or B)

If Clear Opening Width of Doorway < 31 5/8": _____

If Midline of Sink to nearest obstruction < 24": _____

Cabinet under Sink	Yes	No	?
Flooring continues under sink?			
Wall paint continues under sink?			
Water pipes covered?			

If Midline of toilet to left nearest obstruction < 18": _____

If Midline of toilet to right nearest obstruction < 18": _____

Does swing of door overlap 30" x 48" cloth? ___ Yes ___ No

Patio/Balcony

If Clear Opening Width of Doorway < 31 5/8": _____

If Interior Threshold Drop > 1/4": _____

Exterior Threshold Drop: _____

Surface of patio/balcony? ___ Impervious (e.g., Concrete) ___ Pervious (e.g., Wood)

Bedroom

Height of midline of lowest electrical outlet: _____

Number of electrical outlets measured: _____

Mailboxes

Are there steps, curbs, or any obstruction on route to mailboxes? ___ Yes ___ No

Height of keyhole on top row of mailboxes: _____

Playground

Are there steps, curbs, or any obstruction on route to playground? ___ Yes ___ No

Fitness Center

Are there steps, curbs, or any obstruction on route to fitness center? ___ Yes ___ No

If Clear Opening Width of Doorway < 31 5/8": _____

Parking Outside Building Containing Tested Unit

Total # Parking Spaces: _____

Blue-Sign (Accessible) Parking Space

Total # Accessible Parking Spaces: _____

If Width of Accessible Parking Space < 96": _____

If Width of Access Aisle < 60": _____

Curb Cutout

Curb Cut at Access Aisle? ___ Yes ___ No

Entrance to Building

Are there steps, or any obstruction on route to building entrance? ___ Yes ___ No

Inside building, are there steps or any obstruction on route to Unit Tested? ___ Yes ___ No

Other Observations or Measurements:

Date/Time this TESTER'S CHECKLIST was completed: _____

Signature of Tester: _____

Date Signed: _____