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”: ____________

<table>
<thead>
<tr>
<th>Cabinet under Sink</th>
<th>Yes</th>
<th>No</th>
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<tbody>
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<td>Flooring continues under sink?</td>
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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”: ____________

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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”:

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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 > ¼”:
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: ___________