



OPEN ACCESS

ACCESS AND MOBILITY FRIENDLY BUSINESS CHECKLISTS

MOBILITY FRIENDLY ASSESSMENT

1. Parking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Passenger Loading Zone	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Exterior Accessible Routes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Curb Ramps	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Drinking Fountains	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Ramps	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Stairs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Platform Lifts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. Doors and Gates	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. Building Lobbies and Corridors (Interior Access Route)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. Elevators	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12. Rooms and Spaces	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13. Assembly Areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
14. Toilet Rooms and Bathrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15. Bathtubs and Showers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16. Dressing and Fitting Rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
17. Signage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
18. Alarms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
19. Detectable Warnings	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Notes: _____

TRANSIT FRIENDLY ASSESSMENT

1. Passenger Loading Zone	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Exterior Accessible Routes From Transit Stops	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Signage and/or Information on Transit Stops, Routes, Terminals, and Operating Schedules Available.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Notes: _____

BIKE/PEDESTRIAN FRIENDLY ASSESSMENT

1. Curb Ramps	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Secure, Off-sidewalk Bicycle Parking.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Incentive Plan to Encourage Employees to Bike/Walk.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Signage/Information to and from Bike/Pedestrian Routes.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Notes: _____

SERVICE FRIENDLY ASSESSMENT

1. Telephones Accessible to Customers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Staff Receives Customer Service Training on Accommodating Customers with Disabilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Plan to Accommodate Customers with Disabilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Staff has Knowledge of Transit and Bike/Pedestrian Routes to Business.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Notes: _____

Name of Business: _____ Date: _____

Person Making Visit: _____

Business Representative: _____