



Committee For Persons With Disabilities

Accessible Initiative Award Nomination Form

Name of Business: _____

Owner/Contact Individual: _____

Address/Location: _____

Telephone/E-mail Contact Info: _____

Type of Business: _____

Why Recognition is Important: _____

BASIC ACCESSIBILITY CHECKLIST / ACCESSIBILITY FEATURE(S)

An **accessible route** exists into the facility that is at least 36" wide and free of abrupt changes or architectural barriers..... Yes No

Accessible **ramps** with landings exist from the parking area and into the facility Yes No

Adequate number of accessible **parking** exists (normally 1 of every 25) and at least 1 of every 8 is van accessible and each accessible space is designated as reserved by a vertically mounted or suspended sign showing the symbol of accessibility Yes No

An accessible (or alternate) **entrance** is available for a person using a mobility device Yes No

All **aisles and pathways** to and inside the facility are at least 36" wide ... Yes No

At least one **restroom** is fully accessible Yes No

Accessible routes are located so that users are not required to wheel or walk behind parked vehicles (except the one they operate or in which they are a passenger) or in traffic lanes Yes No

Walks, halls, corridors, passageways, aisles, or other circulation spaces have 80" minimum **clear head room** or a barrier to warn blind or visually-impaired persons is provided..... Yes No

Note: Checklist items will be verified by the Human Relations Department for compliance with TDLR and ADAAG requirements.

Signature: _____ Date: _____