

Disability Access

Control Sheet

Name of Premises:		
Address:		
Description:		

Reference	Description	Audit Date	Actions Required	Date Completed	Initials
1	Approach to premises				
2	Car parking and setting down points				
3	External ramps and steps				
4	Entrances				
5	Reception areas and lobbies				
6	Corridors				
7	Internal doors				
8	Internal stairs and ramps				
9	Lifts and lift platforms				
10	WC's general provision				
11	WC's wheelchair users				
12	Internal surfaces				
13	Facilities				
14	Wayfinding and lighting				
15	Acoustics				
16	Evacuation arrangements				
17	Building management				
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