Specifications for Ramp

**HULL CITY COUNCIL**

Must be completed and attached to email with recommendation form

for both Private Housing and Housing Adaptations Team

**Details**

|  |  |
| --- | --- |
| Customer name: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Contact details: |  |

Capacity Yes  No

Best interest decision Yes  No

Wheelchair Ramp (1:15)

Ambulatory Ramp (1:20)

If gradient cannot be achieved, can the client manage 1:12  Yes  No

**Walking aid usage**

WZF/4wheeled rollator

Three wheeled rollator

Other

**Person with walking aid**

Overall length  mm

Overall width  mm

**Wheelchair and person details**

Overall length (wheelchair + occupant + attendant)  mm

Overall width (wheelchair + occupant)  mm

**Wheelchair details**

Self propelling

Assisted

Powered

**Door**

Door requires minimum clear opening of:

800 mm  825 mm  850 mm  870 mm  900 mm  Wider  mm

Door to be rehung to open in / out

No change to door required

**Threshold**

Wheelchair accessible threshold

Internal Fillet

Any changes to space inside front door  (specify below)

|  |
| --- |
|  |

**Rails / side sills**

Handrail (900-1000 mm) from floor

Handrail with additional infill

Side sill

Visual contrast required  (specify preferred colour below)

|  |
| --- |
|  |

**\*ALL RAMPS TO HAVE NON-SLIP TREAD\***

**Additional Information**

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| --- |
|  |

**Completed by**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | Contact  Number: |  | Ext: |  | Date: |  |

**Approval by Social Services OT (for social services OT approver use only)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | Contact  Number: |  | Ext: |  | Date: |  |