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)

|  |
| --- |
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**Rails / side sills**

Handrail (900-1000 mm) from floor [ ]

Handrail with additional infill [ ]

Side sill [ ]

Visual contrast required [ ]  (specify preferred colour below)

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

**Additional Information**

|  |
| --- |
|  |

**Completed by**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | ContactNumber: |  | Ext: |  | Date: |  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | ContactNumber: |  | Ext: |  | Date: |  |