

Additional Public Restroom/Toilet Checklist

REST1	Facility name:	
REST2	Total number of restrooms assessed*:	
REST3	Name/ location of the additional restroom:	
REST4	Is there a continuous unobstructed route of travel from entrance (if indoor facility) or parking (if outdoor facility) to restroom?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
REST5	Is the route of travel well-lit?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
REST6	Describe the surface of the route of travel:	
REST7	Slope of route of travel (at its steepest incline):	_____ % (enter 0% if flat)
REST8	Width of route of travel (at its narrowest point):	_____ inches (at least 36")
REST9	Is a single use restroom provided (e.g., family, companion, single room)?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
REST10	Restroom assessed:	<input type="checkbox"/> single use/ family <input type="checkbox"/> female <input type="checkbox"/> male
REST11	Is signage clear? (word, picture, and Braille or raised lettering provided for signs)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
REST12	Clear open width of door to restroom:	_____ inches (at least 32")
REST13	Opening force: (enter n/a if automatic door)	_____ pounds (5 pounds or less)
REST14	Handle type entering : <input type="checkbox"/> automatic <input type="checkbox"/> knob <input type="checkbox"/> pull <input type="checkbox"/> entry set-top button <input type="checkbox"/> lever <input type="checkbox"/> push plate <input type="checkbox"/> push/pull paddle/bar <input type="checkbox"/> other:	
REST15	Handle type exiting : <input type="checkbox"/> automatic <input type="checkbox"/> knob <input type="checkbox"/> pull <input type="checkbox"/> entry set-top button <input type="checkbox"/> lever <input type="checkbox"/> push plate <input type="checkbox"/> push/pull paddle/bar <input type="checkbox"/> other:	
REST16	Clear space on pull (handle) side of door:	_____ inches (at least 18")
REST17	Does the toilet stall door swing open to outside of stall?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
REST18	Is the toilet area large enough for wheelchair maneuvering? (60" circle)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
REST19	If no, provide dimensions of free floor space in stall/toilet area:	_____ inches by _____ inches
REST20	Is the center line of the toilet positioned 16"-18" from the nearest side wall?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
REST21	Are grab bars mounted on at least two sides of the toilet?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
REST22	Number of grab bars:	_____ bars
REST23	Toilet seat height:	_____ inches (between 17"-19")
REST24	Is the sink area large enough for wheelchair maneuvering? (60" circle)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
REST25	If no, provide dimensions of free space in sink area:	_____ inches by _____ inches
REST26	Height of sink:	_____ inches (34" or less from floor)
REST27	Sink is:	<input type="checkbox"/> wall-mounted <input type="checkbox"/> cabinet
REST28	Depth of knee space under sink: (from outer edge of sink to pipes or other obstruction under sink)	_____ inches (at least 8")
REST29	Are faucet controls usable without grasping?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
REST30	Location of soap dispensers:	<input type="checkbox"/> wall-mounted <input type="checkbox"/> on sink
REST31	If wall-mounted, height of soap dispensers:	_____ inches (no higher than 48" from floor)
REST32	Location of hand dryer/paper towels:	<input type="checkbox"/> wall-mounted <input type="checkbox"/> on sink
REST33	If wall-mounted, height of hand dryers/paper towel dispensers:	_____ inches (no higher than 48" from floor)
REST34	Comments/additional information about public restroom/toilet:	

*Attach "Additional Restroom Checklists" for each additional restroom or toilet area assessed