

Additional Registration/Reception/Check-in Area Checklist

REG1	Facility name:	
REG2	Total number of registration areas assessed*:	
REG3	Name or location of the additional entrance:	
REG4	Is there a continuous unobstructed route of travel from entrance (if indoor facility) or parking (if outdoor facility) to registration/check-in area?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
REG5	Is the route of travel well-lit?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
REG6	Describe the surface of the route of travel:	
REG7	Slope of route of travel (at its steepest incline):	_____ % (enter 0% if flat)
REG8	Width of route of travel (at its narrowest point):	_____ inches (at least 36")
REG9	Is the registration/reception/check-in counter easily located?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
REG10	Height of counter:	_____ inches (36" or less)
REG11	If counter is higher than 36", is a fold-out shelf available?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
REG12	Is the registration 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
REG13	If no, provide dimensions of free space in registration area:	_____ inches by _____ inches
REG14	Is signage clear in registration area? (word, picture, and Braille or raised lettering)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
REG15	Comments/additional information about reception/registration/check-in area:	

*Attach "Additional Registration Area Checklists" for each additional registration area assessed