

Comfort Station/Shower House Checklist

COMF1	Agency name:	
COMF2	Total number of comfort stations assessed	_____ comfort stations
COMF3	Name/location of additional comfort station:	

Comfort Station/Shower House Parking Area

COMF4	Type of parking assessed: (if both are present, assess the agency parking)	<input type="checkbox"/> agency parking <input type="checkbox"/> street parking
COMF5	Parking spaces are:	<input type="checkbox"/> lined <input type="checkbox"/> unlined
COMF6	Are designated or marked accessible parking spaces provided?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
COMF7	If yes, are the spaces clearly marked with upright signs designating them as accessible? (international symbol of accessibility or clear wording)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
COMF8	Number of designated accessible spaces: (if unlined, approximate number of accessible spaces)	_____ spaces
COMF9	Width of designated accessible spaces:	_____ inches (at least 96")
COMF10	Number of designated accessible spaces with access aisles:	_____ spaces
COMF11	Width of access aisles:	_____ inches (at least 60"; 96" in NY)
COMF12	Distance from parking to entrance: (if no designated accessible parking, measure distance from middle of parking lot/area to entrance)	_____ feet
COMF13	Is there a continuous unobstructed route of travel from parking to entrance?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
COMF14	Is the route of travel well-lit?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
COMF15	Describe the surface of the route of travel:	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
COMF16	Slope of route of travel (at its steepest incline):	_____ % (enter 0% if flat)
COMF17	Width of route of travel (at its narrowest point):	_____ inches (at least 36")
COMF18	Comments/additional information about parking and route of travel to entrance:	

Comfort Station Restroom/Toilet Checklist

COMF19	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
COMF20	Restroom assessed:	<input type="checkbox"/> single use/ family <input type="checkbox"/> female <input type="checkbox"/> male
COMF21	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
COMF22	Clear open width of door to restroom:	_____ inches (at least 32")
COMF23	Opening force: (enter n/a if automatic door)	_____ pounds (5 pounds or less)
COMF24	Handle type entering : <input type="checkbox"/> automatic <input type="checkbox"/> knob <input type="checkbox"/> pull <input type="checkbox"/> push/pull paddle/bar <input type="checkbox"/> entry set-top button <input type="checkbox"/> lever <input type="checkbox"/> push plate <input type="checkbox"/> other:	
COMF25	Handle type exiting : <input type="checkbox"/> automatic <input type="checkbox"/> knob <input type="checkbox"/> pull <input type="checkbox"/> push/pull paddle/bar <input type="checkbox"/> entry set-top button <input type="checkbox"/> lever <input type="checkbox"/> push plate <input type="checkbox"/> other:	
COMF26	Clear space on pull (handle) side of door:	_____ inches (at least 18")
COMF27	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
COMF28	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
COMF29	If no, provide dimensions of free floor space in stall/toilet area:	_____ inches by _____ inches
COMF30	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
COMF31	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
COMF32	Number of grab bars:	_____ bars
COMF33	Toilet seat height:	_____ inches (between 17"-19")

COMF34	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
COMF35	If no, provide dimensions of free space in sink area:	_____ inches by _____ inches
COMF36	Height of sink:	_____ inches (34" or less from floor)
COMF37	Sink is:	<input type="checkbox"/> wall-mounted <input type="checkbox"/> cabinet
COMF38	Depth of knee space under sink: (from outer edge of sink to pipes or other obstruction under sink)	_____ inches (at least 8")
COMF39	Are faucet controls usable without grasping?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
COMF40	Location of soap dispensers:	<input type="checkbox"/> wall-mounted <input type="checkbox"/> on sink
COMF41	If wall-mounted, height of soap dispensers:	_____ inches (48" or less from floor)
COMF42	Location of hand dryer/paper towels:	<input type="checkbox"/> wall-mounted <input type="checkbox"/> on sink
COMF43	If wall-mounted, height of hand dryers/paper towel dispensers:	_____ inches (48" or less from floor)
COMF44	Comments/additional information about comfort station restroom/toilet:	
Comfort Station Shower/Changing Area Checklist		
COMF45	Is signage clear (word, picture, and Braille or raised lettering provided)?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
COMF46	Clear open width of door to locker/shower/changing room:	_____ inches (at least 32")
COMF47	Opening force of door:	_____ pounds (5 pounds or less)
COMF48	Handle type entering : <input type="checkbox"/> automatic <input type="checkbox"/> knob <input type="checkbox"/> pull <input type="checkbox"/> push/pull paddle/bar <input type="checkbox"/> entry set-top button <input type="checkbox"/> lever <input type="checkbox"/> push plate <input type="checkbox"/> other:	
COMF49	Handle type exiting : <input type="checkbox"/> automatic <input type="checkbox"/> knob <input type="checkbox"/> pull <input type="checkbox"/> push/pull paddle/bar <input type="checkbox"/> entry set-top button <input type="checkbox"/> lever <input type="checkbox"/> push plate <input type="checkbox"/> other:	
COMF50	Is the changing 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
COMF51	If no, provide dimensions of free space in changing area:	_____ inches by _____ inches
COMF52	Is there a clear path into the shower (level surface free of lip or steps)?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
COMF53	Shower entrance width:	_____ inches (at least 36")
COMF54	Hand-held shower spray unit height: (enter n/a if no hand-held shower spray unit)	_____ inches (48" or less from floor)
COMF55	Shower controls height:	_____ inches (48" or less from floor)
COMF56	Are shower controls usable without grasping?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
COMF57	Is a shower bench or chair provided?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
COMF58	If shower bench/chair is provided and FIXED, what is the location of the shower controls in relation to the fixed bench/chair? <input type="checkbox"/> across from the fixed bench/chair <input type="checkbox"/> adjacent to the fixed bench/chair	
COMF59	If shower bench/chair is FIXED and ACROSS from the shower controls, what is the distance from the wall behind the chair/bench to the shower controls:	_____ inches
COMF60	Are grab bars mounted on at least two sides of the shower? (if indoor shower)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
COMF61	Number of grab bars:	_____ bars
COMF62	Comments/additional information about comfort station shower/changing area:	

*Attach "Comfort Station Checklist" for each comfort station area assessed

Inclusive Recreation Resource Center at SUNY Cortland
Comfort Station Additional Information

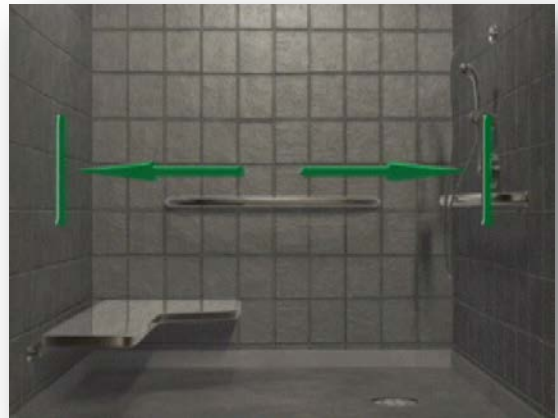
Shower and fixture examples:



Position of fixed shower bench:



Shower controls adjacent to fixed bench



Shower controls across from fixed bench

For a fixed bench, measure from the wall behind the bench to the shower fixture as shown in the right-hand picture above.

Additional Restroom in Locker Room: Be sure to complete an “Additional Restroom/Toilet” checklist for any restrooms or toilets located within the locker room

For additional information, see the U.S. Access Board 2010 Design Guidelines at <http://www.access-board.gov/guidelines-and-standards/buildings-and-sites/about-the-ada-standards/ada-standards/chapter-6-plumbing-elements-and-facilities>