# RESCUE+SUPPLY
### RESCUE, MEDICAL & EMERGENCY SUPPLIES

## Ramp Assessment Packet
### Signature Page

**Fill this assessment packet out to the best of your ability and email with pictures to ramps@rescue-supply.com**

### Client Information

**Phone:** _____

**Name** _____

**Address/City/St/Zip** _____

**Phone#** _____

**Comments** _____

_____

**Primary Location**  □ Front  □ Rear  □ Side  □ Modular System  □ Other  □ Portable

**Total Rise** _____

**Secondary Location**  □ Front  □ Rear  □ Side  □ Modular System  □ Other  □ Portable

**Total Rise** _____

**Using a laser level, be sure to include any grade variation**

| Possible Obstructions | Yes | No |
|---|---|---|
| Sewer Drains | □ | □ |
| Trees/Bushes | □ | □ |
| Flower Beds | □ | □ |
| Bay Windows | □ | □ |
| Gas Meters | □ | □ |
| Walkways | □ | □ |
| A/C Units | □ | □ |
| Other: _____ | □ | □ |
| Modifications/Removal by Veteran/Homeowner | □ | □ |

| Images Taken | Yes | No |
|---|---|---|
| Facing Location | □ | □ |
| From top entrance point | □ | □ |
| 45° left of starting point | □ | □ |
| 45° left of starting point | □ | □ |
| Obstructions | □ | □ |
| Images of all sides of home/ residence | | |

**X** _____  **Date**

**Client Siganature**   □ I own my home   □ I own my property

□ I **do not** own my home   □ I **do not** own my property

I have been shown the proposed ramp layout and it is satisfactory to meet my needs.

**X** _____

**Landowner/Landlord Signature**  **Date**

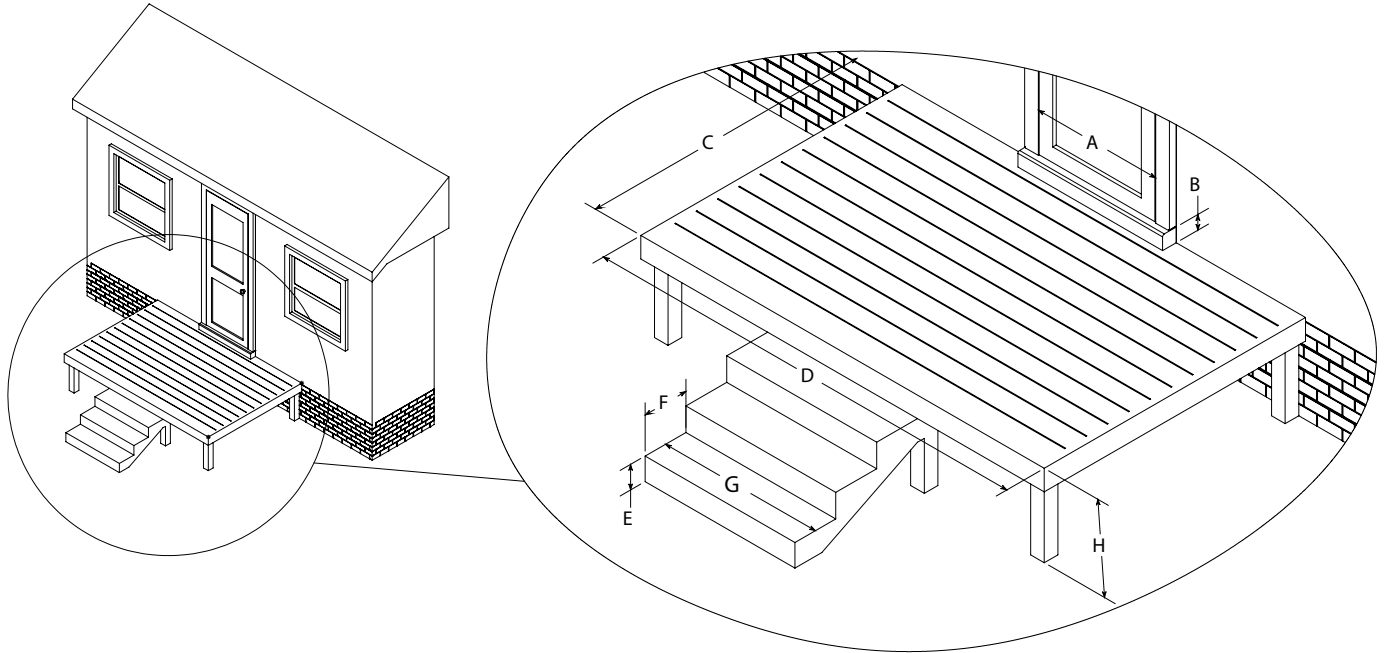I have been shown the proposed ramp layout and it is satisfactory to meet my needs.

*PHONE:800-239-1797  FAX: 972-525-0047*
*EMAIL: ramps@rescue-supply.com*

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## Ramp Assessment Packet
### Detailed Site Evaluation

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| Measurements (Clear Width) | Primary | Secondary |
|---|---|---|
| (**A**) Door Width | | |
| (**B**-1) Threshold Height (Exterior) | | |
| (**B**-2) Threshold Height (Interior) | | |
| (**B**-3) Threshold Depth | | |
| (**C**) Depth of Porch | | |
| (**D**) Width of Porch | | |
| (**E**) Stair Height | | |
| (**F**) Stair Depth | | |
| (**G**) Stair Width | | |
| (**H**) Porch Rise | | |

| Additional Information | Primary | Secondary |
|---|---|---|
| Ground Slope (+ or - if any) | | |
| Total Rise (Ground Slope + **H**) | | |
| Door Opens | **In** or **Out** | **In** or **Out** |
| Door Swings | **Left** or **Right** | **Left** or **Right** |
| Landing Pad Needed | **Y** or **N** | **Y** or **N** |
| Hurricane Kits (within 100 miles of coast) | **Y** or **N** | **Y** or **N** |

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## Ramp Assessment Packet
### Sketch Layout

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Client Name:

**Sketch Layout** (Draw a sketch layout noting ramp and platform lengths and any obstructions)

Ramp Description:

_____

_____

_____

_____

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