

Ramp Assessment Packet

Signature Page

Installer/Company: _____

Phone: _____

Client Information

Work ID# _____

Name _____

Address/City/St/Zip _____

Phone# _____

Requesting Official _____

Comments _____

Primary Location Front Rear Side
Total Rise _____ Modular System

Other
 Portable

Secondary Location Front Rear Side
Total Rise _____ Modular System

Other
 Portable

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

Possible Obstructions	Yes	No
Sewer Drains	<input type="checkbox"/>	<input type="checkbox"/>
Trees/Bushes	<input type="checkbox"/>	<input type="checkbox"/>
Flower Beds	<input type="checkbox"/>	<input type="checkbox"/>
Bay Windows	<input type="checkbox"/>	<input type="checkbox"/>
Gas Meters	<input type="checkbox"/>	<input type="checkbox"/>
Walkways	<input type="checkbox"/>	<input type="checkbox"/>
A/C Units	<input type="checkbox"/>	<input type="checkbox"/>

Images Taken	Yes	No
Facing Location	<input type="checkbox"/>	<input type="checkbox"/>
From top entrance point	<input type="checkbox"/>	<input type="checkbox"/>
45° left of starting point	<input type="checkbox"/>	<input type="checkbox"/>
45° left of starting point	<input type="checkbox"/>	<input type="checkbox"/>
Obstructions	<input type="checkbox"/>	<input type="checkbox"/>
Images of all sides of home/ residence		

Other: _____ Yes No
Modifications/Removal by Veteran/Homeowner Yes No

Hurricane Kit Yes No
Within 100 miles of coast

X _____ Date _____
Client Signature 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 _____ Date _____
Landowner/Landlord Signature

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

"Making Access A Way Of Life"

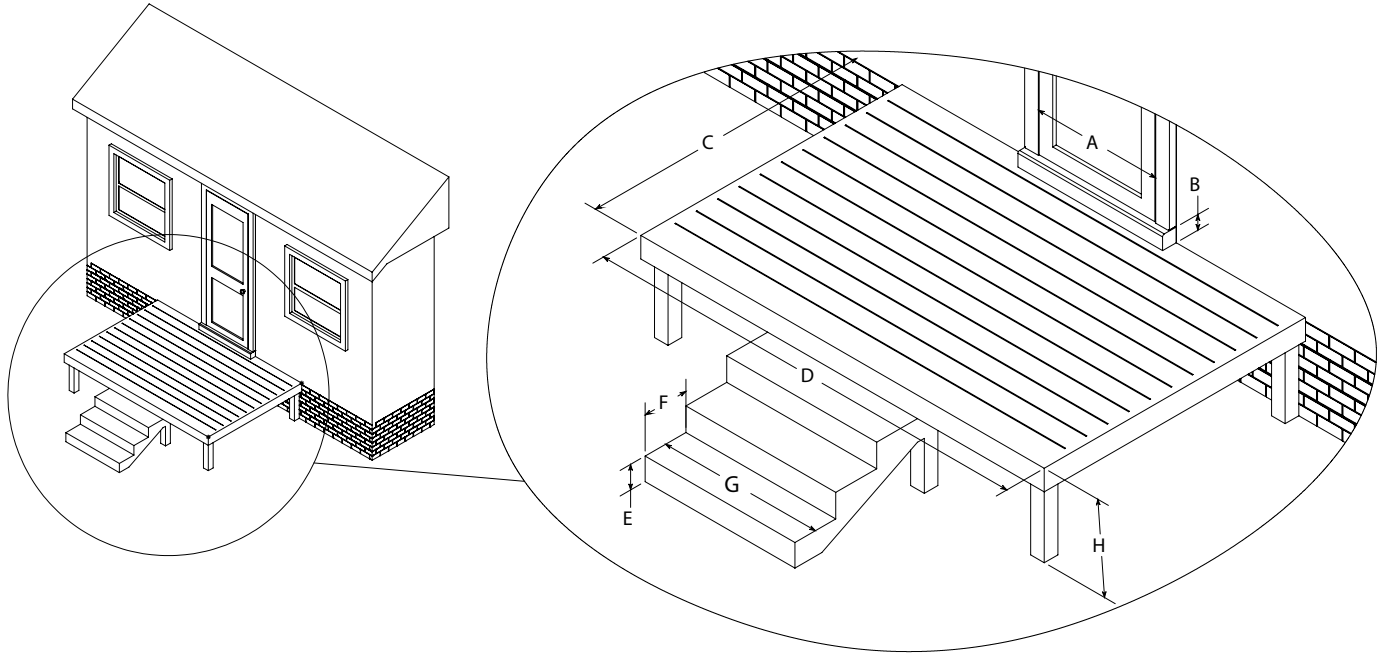
PHONE:800-239-1797 FAX:972-525-0047

sales@rescue-supply.com



Ramp Assessment Packet

Detailed Site Evaluation



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

"Making Access A Way Of Life"



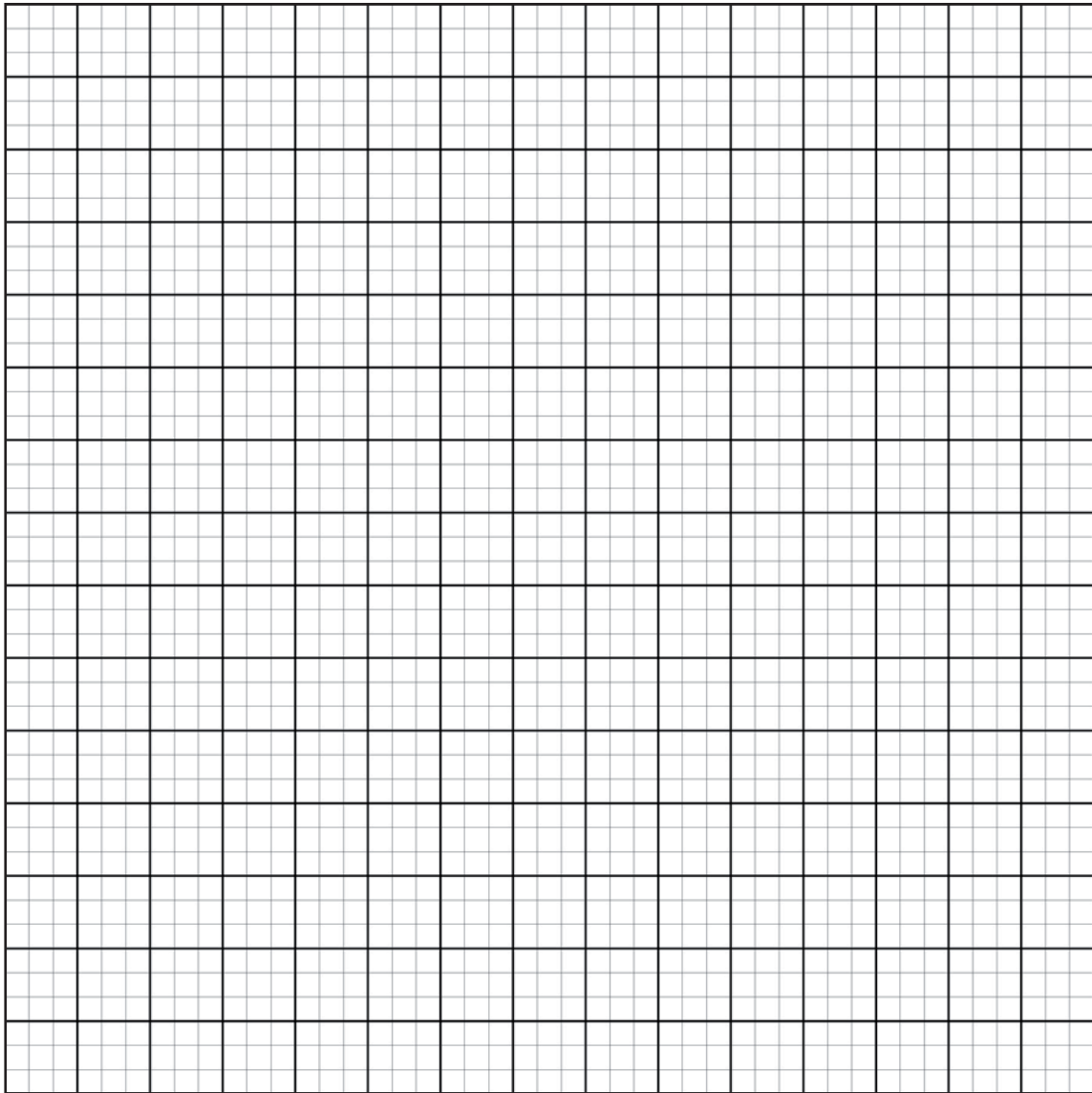
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Ramp Assessment Packet

Sketch Layout

Client Name:

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

A large grid for sketching a ramp layout. The grid is composed of 20 columns and 20 rows of small squares, with a larger square grid overlaid on top. The larger square grid is 10 units wide and 10 units high, centered within the smaller grid.

Ramp Description:

