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| **Trail ADA Checklist**  |
| Name of Park:Name of Trail: |
|  **Yes/No/Other Comments**  |
| **Parking** |  |  |
| Total number of parking spaces |  |  |
| Total number of accessible parking spaces |  |  |  |
| Is there accessible parking signage? |  |  |
| Is there an accessible route from the parking space to the trail head? |  |  |
|  | **Yes/No/Other**  | **Comments**  |
| **Trailhead Information Signs** |  |  |
| Does the sign include length of the trail or trail segment? |  |  |
| Does the sign include type of trail surface? |  |  |
| Does the sign include minimum trail tread width? |  |  |
| Does the sign include maximum trail grade? |  |  |
| Does the sign include maximum trail cross slope? |  |   |
|  | **Yes/No/Other**  | **Comments** |
| **Trail****(see picture reference page attached)** |  |  |
| Is the surface firm and stable? (does not have to mean concrete and asphalt.) |  |  |
| Is there a clear tread width of at least 36 inches? |  |  |
| Is there a passing space of at least 60 inches every 1000 feet? |  |  |
| Are tread obstacles no higher than 2 inches? |  |  |
| Are openings no wider than 1/2 inch? |  |  |
|  | **Compliant Site Number** | **Non-Compliant Site Number** |
| **Picnic Units** **(see picture reference page attached)** |  |  |
| Total number of picnic tables |  |  |
| For tables up to 9 feet long, one space for wheelchair seating must be provided. Is this compliant?  |  |  |  |  |
| For tables between 10 feet and 18 feet long, two spaces for wheelchair seating must be provided. Is this compliant? |  |  |  |  |
| Is the knee space for wheelchair seating at least 30 inches wide, 19 inches deep, and 27 inches high, as measured from ground to floor to the bottom of the tabletop? |  |  |
| Does the toe clearance measure at least 9 inches above the ground or floor and extend at least an additional 5 inches beyond the knee clearance?  |  |  |
| Is there clear floor of ground space that is 30 inches by 48 inches provided at each wheelchair seating space and positioned to accommodate a forward approach to the table? |  |  |
| In addition the clear floor or ground space for wheelchair seating space, is there 48 inches of clear floor or ground space around the usable portions of the table? |  |  |
| Does the slope of the clear floor or ground space exceed 1:50 (2%) in any direction? |  |  |

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|  | **Yes/No/NA** | **Measurements/Comments** |
| **Benches****(see picture reference page attached)** |  |  |
| Total number of benches? |  |  |
| Is the font edge of the beach seat between 17 and 19 inches above the ground of floor space? |  |  |
| Do at least half of the benches have back support that runs the full length of the bench? |  |  |
| Of the benches with back support, do at least half of those have an armrest provided? |  |  |
| Is there a clear floor or ground space that is 30 inches 48 inches provided that is adjacent to one end of the bench? |  |  |
| Does the slope of the clear floor or ground space exceed 1:33 (3%) in any direction? |  |  |
| Is the surface under and around the bench firm and stable? |  |  |
|  |  |  |
| **Trash, Recycling, and Other** **Essential Containers****(see picture reference page attached)** |  |  |
| Total number of containers? |  |  |
| Is there a clear floor or ground space of 30 inches by 48 inches provided to allow a forward or side approach? |  |  |
| Does the slope of the clear space exceed 1:50 (2%) in any direction? |  |  |
|  |  |  |
| **Cooking Surfaces, Grills, and Pedestal Grills****(see picture reference page attached)** |  |  |
| Total number of cooking surfaces, grills, and pedestal grills? |  |  |
| Is the height of the cooking surface 15 inches to 34 inches above the ground or floor surface?  |  |  |
| Is there clear floor or ground space that is at least 48 inches deep and 48 inches wide, as measured from the cooking surface.  |  |  |
| \*\*If a pedestal grill can rotate 360 degrees and all positions along that rotation are usable, the 48 inch clear space must completely surround the grill. |  |  |
| Does the slope of the clear space exceed 1:50 (2%) in any direction? |  |  |

Name of person who completed assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_