DESTINATION ACCESSIBLE CHECKLIST FOR VENUES

Name of Venue: _____
Address: _____
Website: _____ **date visited** _____

Type of Venue: (museum, theater, park, dining, kid-friendly, other popular places)

Parking : # of accessible spaces _____
# of van accessible spaces _____
Locations of accessible spaces _____
Surface of lot _____
Distance to venue _____

Grounds: terrain _____
places to rest _____
surface of paths and walkways _____

Entrance to Venue:
Location of accessible entrance _____
doors (single, double, auto-assist, automatic _____

East of Navigation in Venue:
# of floors _____
elevators (# and location) _____
ramps _____
steps, # of _____
width of aisles (handrails, lighting _____
places to sit (where & types of seating) _____

Restrooms: location _____
type (multi-stall, single-occupancy, accessible) _____
sink (accessible?) _____
Baby-changing station? _____

Food Services: (type - self-serve, service breakfast, lunch, dinner) _____

Friendliness of Staff: _____

Additional Comments: (Use back if needed)

_____
_____
_____
_____
_____
_____