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)
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