KENT COUNTY COUNCIL

**OCCUPATIONAL THERAPY SERVICE**

**RECOMMENDATIONS FOR DISABLED ADAPTATIONS**

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| NAME:       ADDRESS:      POST CODE:       | TEL NO:      OWNER OCCUPIER COUNCIL/LA/HAOTHERDETAIL:       |
| Reported Height:      | Reported Weight:       |

# THIS IS A RECOMMENDATION FOR ADAPTED ACCESS

The following works of adaptation are required for the property to meet the afore mentioned person’s needs under the Housing Grants, Construction and Regeneration Act of 1996 and the Care Act of 2014.

Occupational Therapist name/ Assessment Officer name:

Email:

Tel Number:

Date:

|  |  |
| --- | --- |
| **LOCATION OF PROPOSED WORK** | * Front / Back / Side entrance
* Details
 |
| **DOOR** | * Widen doorway to have clear usable width of minimum 850mm /      mm
* Wooden / UPVC door
* Level access sill
* Door re-hung to open outwards / left / right side as facing
* Automatic door opener details
* Handles / latches / locks to be accessible to client
 |
| **DRAINAGE** | * Ensure good water dispersal at doorway, platform, and ramp, e.g. channel grating
 |
| **PLATFORM** | * Immediately outside door, clear of any door swing
* Level with internal floor surface
* Size 1200 x 1200mm minimum,      mm x      mm
* Level platform at base of ramp, clear of any door / gate swing
 |
| **RAMP** | * Width minimum 1000mm
* Gradient of minimum 1:12, ideally 1:15
* Modular Ramping System
 |
| **STEPS** | * Form      number of new steps with maximum rise to be      mm and minimum tread to be      mm
* Form ½ step with maximum rise to be      mm and minimum tread to be      mm
 |
| **SURFACE** | * Textured finish/non slip
* Manhole covers to be raised to be completely flush with ramp
 |
| **UPSTANDS** | * To platform and ramp
* 100mm height
 |
| **RAILS** | * Galvanised rail to Right side / Left side on ascending ramp / steps
* Height to be      mm from ground to top of rail
* Guarding / middle rail to be supplied
* Continuous rail with curved over run for visually impaired users
* Nylon or powder coating (to prevent cold touch)
* number of     mm Grab Rail/s to be placed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **STEP LIFT** | * See attached step lift recommendations
 |
| **CROSS OVER AND HARDSTANDING** | * Provide a hardstanding 3600mm x 4800mm with slip resistant surface if exiting door at side of vehicle.
* Provide a hardstanding 3600mm x 6000mm with slip resistant surface if exiting via wheelchair at rear of vehicle.
* Provide a dropped kerb and pavement crossover in accordance with highway requirements
 |
| **ADDITIONAL** | *
 |
| **OTHER WORKS REQUIRED** | * Replace gate to provide      mm clear opening
* Handles / latches / locks to be accessible to client
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|  |  |
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| **SKETCH PLAN OF PROPOSED LAYOUT (not to scale)** |       |

Occupational Therapist / Assessment Officer Signature: