

Attractions: Self-assessment questionnaire [VB FINAL]

PARKING		
1	<p>Is parking provided for visitors?</p> <p style="text-align: right;">If 'yes', tick all those that apply:</p> <p style="text-align: right;">a) parking on site</p> <p style="text-align: right;">b) within about 50 metres of the attraction</p> <p style="text-align: right;">c) with designated parking for visitors with disabilities</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	Is there a drop-off point for guests immediately outside the main entrance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	<p>Is the route from the parking area to the nearest public entrance: (tick one)</p> <p style="text-align: right;">a) flat, i.e. without steps</p> <p style="text-align: right;">b) with a ramp</p> <p style="text-align: right;">c) with steps and no ramp</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4	Is transport provided to take visitors from the car park to the attraction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ATTRACTION ENTRANCE		
5	Are there any steps to the main entrance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	If 'yes', how many steps?	____ Steps
7	If 'yes', is there a handrail by the steps?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Is there a ramp to the main entrance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9	If 'yes', is there a handrail by the ramp?	<input type="checkbox"/> YES <input type="checkbox"/> NO
TICKET / INFORMATION / GIFT SHOP [WHERE APPLICABLE]		
10	<p>Is information available in alternative formats?</p> <p>If 'yes', tick those that apply</p> <p style="text-align: right;">a) <input type="checkbox"/> Braille</p> <p style="text-align: right;">b) <input type="checkbox"/> Large print (at least 14 point)</p> <p style="text-align: right;">c) <input type="checkbox"/> Audio</p> <p style="text-align: right;">d) <input type="checkbox"/> Other, please specify</p> <p style="text-align: center;">_____</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIFT		
11	<p>Is there a lift?</p> <p><i>If 'no' go to question 14</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
12	If 'yes', is there a verbal announcement for stops at each floor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13	If 'yes', do the lift buttons have raised numbers or letters?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ACCESS TO PUBLIC AREAS – Displays, exhibits, rides etc		
Is there level access (i.e. no steps or thresholds) or access by a ramp or lift:		
14	to a public toilet?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15	to a public toilet suitable for visitors who use a wheelchair?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
16	<p>to the:</p> <p style="text-align: right;">a) ticket issuing point</p> <p style="text-align: right;">b) information point</p> <p style="text-align: right;">c) gift shop</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

CAFETERIA / RESTAURANT		
17	Is there level access (i.e. no steps or thresholds) or access by a ramp or lift to: a) cafeteria b) restaurant	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
18	Can your catering staff provide meals for guests with special dietary requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19	Are there menus available in large print [i.e.14pt and over]	<input type="checkbox"/> YES <input type="checkbox"/> NO
STAFF		
20	Have staff who have contact with visitors had disability awareness training?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21	Do any staff have specialised disability knowledge or skills (e.g. sign language)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
GENERAL QUESTIONS		
22	Where appropriate is there a hearing loop system [e.g. ticket counter/ gift shop] ?	<input type="checkbox"/> YES <input type="checkbox"/> NO
23	Where there are films or information touch screens, do they have visual / audible subtitles [e.g. to describe icons and images]?	<input type="checkbox"/> YES <input type="checkbox"/> NO
24	Is seating available throughout the attraction at appropriate intervals, for visitors with limited mobility?	<input type="checkbox"/> YES <input type="checkbox"/> NO
25	Is there clear signage throughout the attraction (e.g. colour contrasted, large lettering, use of pictograms etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
26	Is the lighting effective throughout the attraction for visually impaired visitors e.g. pools of light and dark areas are avoided?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
27	Is good colour / tonal contrast used throughout the attraction e.g. doors contrast strongly with floors/walls?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
28	Are there contrast markings on all glass doors and all full-height windows?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
29	Do you provide wheelchairs? If 'yes', please tick whether these are: a) <input type="checkbox"/> Free b) <input type="checkbox"/> Chargeable	<input type="checkbox"/> YES <input type="checkbox"/> NO
30	Are routes / pathways throughout the attraction suitable for visitors with limited mobility?	<input type="checkbox"/> YES, all <input type="checkbox"/> YES, some <input type="checkbox"/> NO
31	Are routes / pathways throughout the attraction suitable for wheelchair users	<input type="checkbox"/> YES, all <input type="checkbox"/> YES, some <input type="checkbox"/> NO
32	Are there tactile routes in the attraction for visitors with visual impairments?	<input type="checkbox"/> YES, throughout <input type="checkbox"/> YES, in some places <input type="checkbox"/> NO
33	Is there an audible alarm system?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34	Is there a visual alarm system?	<input type="checkbox"/> YES <input type="checkbox"/> NO