

**Serviced accommodation: Self-assessment questionnaire [VB FINAL]**

<b>PARKING</b>		
1	Is designated parking provided for guests with disabilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	If 'yes', is it within about 50 metres from the main entrance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Is there a drop-off point for guests immediately outside the main entrance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Is the route from the parking area to the entrance: a) flat, (i.e. without steps) b) with a ramp c) with steps and no ramp	(tick one) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>BUILDING ENTRANCE</b>		
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
<b>ACCESS TO PUBLIC AREAS</b>		
Is there level access (i.e. no steps or thresholds), or access by a ramp or lift:		
10	from the entrance to reception?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11	to a public toilet?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12	to one or more bedrooms?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13	to the lounge?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
14	to the bar?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
15	to the swimming pool?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
16	to the gym/ leisure centre?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>RESTAURANT / BREAKFAST / DINING ROOM</b>		
17	Is there level access (i.e. no steps or thresholds), or access by ramp or lift to the restaurant/ breakfast / dining-room?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
18	Can the restaurant / breakfast / dining room provide meals for guests with special dietary requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

**PTO**

<b>BEDROOMS AND BATHROOMS – GENERAL</b>		
19	Can bedroom furniture be re-arranged if requested by the guest?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20	Can you provide bedrooms with non-allergenic bedding (e.g. non-feather pillows)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21	Do you have any bedrooms with no <u>fitted</u> carpets? [Some guests may have allergic reaction to carpets]	<input type="checkbox"/> YES <input type="checkbox"/> NO
22	Do you provide bathrooms with: (Please tick those that apply) a. bath <input type="checkbox"/> b. bath with shower <input type="checkbox"/> c. separate shower unit <input type="checkbox"/> d. level entry shower <input type="checkbox"/>	
23	Where there are separate shower units, are any of these fitted with support handrails?	<input type="checkbox"/> YES <input type="checkbox"/> NO
24	Where there are separate shower units, are there fixed shower seats or shower chairs provided?	<input type="checkbox"/> YES <input type="checkbox"/> NO
25	Where there are baths, are any of these fitted with support handrails?	<input type="checkbox"/> YES <input type="checkbox"/> NO
26	Where there are WCs in bathrooms, are these fitted with handrails?	<input type="checkbox"/> YES <input type="checkbox"/> NO
27	Do any of your bathrooms have an emergency call system?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>GENERAL QUESTIONS</b>		
28	Are proprietors/staff available 24-hours?	<input type="checkbox"/> YES <input type="checkbox"/> NO
29	Are there emergency evacuation procedures for the safe exit of guests with disabilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
30	Have all personnel who have contact with guests had disability awareness training?	<input type="checkbox"/> YES <input type="checkbox"/> NO
31	Do you have a non-smoking policy throughout your establishment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
32	Do you provide services for guests with hearing impairments? (Please tick) <input type="checkbox"/> text telephone <input type="checkbox"/> emergency call system with vibrating pads (if fire alarm is activated) <input type="checkbox"/> emergency call system with flashing lights (if fire alarm is activated)	
33	Do you provide services for guests with visual impairments? (Please tick) <input type="checkbox"/> contrast markings on glass doors and full-height windows <input type="checkbox"/> guest information in large print format <input type="checkbox"/> restaurant/bar menus/bar prices available in large print format <input type="checkbox"/> tactile route within or outside the premises	