



## ACCESS GUIDE AUDIT FORM

PREMISES: **R. Foggo**

TYPE: **Dentist**

ADDRESS: **24 Lowndes Street, Barrhead, G78 2QT**

TELEPHONE NUMBER: **881-1287**

### 1. PARKING:

1.1 Location:

1.2 On street:  Off street:

1.3 Distance to entrance/access: **8m from road – no pavement**

1.4 Accessible by Wheelchair: Yes  No

### 2. ACCESSIBILITY: EXTERNAL:

2.1 Surface to entrance: **road surface – concrete steps**

2.2 Gradient: Road Level  Slight incline   
Moderate incline  Severe incline

2.3 Steps: Yes  No  Number

2.4 Ramp: Yes  No

2.5 Door(s): Automatic  Manual

Double  Single

Stiff/Heavy  Easy/Light

Width **750mm**

2.6 Handrails: Single  Double  None

2.7 Accessible by Wheelchair: Yes  No

3. ACCESSIBILITY: INTERNAL:

- 3.1 More than one floor/level: Yes  No
- 3.2 Lift: Yes  No
- 3.3 Ramp: Yes  No
- 3.4 Internal floor material: lino tiles
- 3.5 Evac+chairs available: Yes  No
- 3.6 Accessible by Wheelchair: Yes  No
- 3.7 Provision for Sensory Impairment:
- Visual: Yes  No
- Hearing: Yes  No
- 3.8 Guide Dogs Welcome: Yes  No
- 3.8 Can the service be brought to the customer: Yes  No  Home visits

4. TOILETS:

- 4.1 Available to public: Yes  No
- 4.2 Ordinary toilet: Yes  No
- 4.3 Toilet for disabled: Yes  No
- 4.4 Accessible by Wheelchair: Yes  No
- 4.5 Door width: 700mm
- 4.6 Cubicle door width: 650mm
- 4.7 Provision for Sensory Impairment: Yes  No

5. FURTHER DETAILS:

- 5.1 Manager's office: Yes  No
- 5.2 Closing day: Weekends
- 5.3 Office opening hours: M, Tu, F – 9am to 5.30pm : W, Th – 9am to 7pm

6. DATE OF AUDIT: 26<sup>th</sup> September, 2003