



iAccess - Accessibility Information Standard

**Built Attractions Name and Location:**

Please check the answer that best represents your facilities (e.g., museum, castle, amusement park etc), and provide more detail if required. Please specify units as metric or imperial (e.g. 5 ft , 60 in, 1.5 meters or 150 cm)

Getting there

1) Is there public transport to the attraction?  Yes  No

If Yes, how far from the nearest stop to the entry? \_\_\_\_\_ meters/ft

2) How close can a private vehicle get to the entry point? \_\_\_\_\_ meters/ft

3) Does the attraction have accessible parking?  Yes  No

4) Is there special transport or on-site assistance available?  Yes  No

If Yes, please describe the type of transport available? \_\_\_\_\_

Attraction

5) How long is the access, path or trail? \_\_\_\_\_ meters/ft

6) What is the surface of the path (eg paved, soil, sand etc)? \_\_\_\_

7) How wide is the narrowest point on the path? \_\_\_\_\_ feet/meters

8) Are there stairs on the access path?  Yes  No If Yes, what is the surface \_\_\_\_\_

If Yes, are there any handrails?  Yes  No How high is the highest step? \_\_\_\_in/cm

9) Is the ticketing facility accessible without using stairs?  Yes  No

If No, how many stairs are there? \_\_\_\_\_

10) Approximately what percentage of the entry is level? \_\_\_\_\_ %

11) What is the total rise of the entry? \_\_\_\_\_ % slope/total rise

12) Are there any other barriers or conditions which may affect access?  Yes  No

If Yes, please describe: \_\_\_\_\_

13) Are the main attractions of the site accessible to those using wheelchairs?  Yes  No

14) Are some parts of the attractions difficult to access?  Yes  No

If Yes, please describe: \_\_\_\_\_



15) Are there benches or rest areas in the shopping area?  Yes  No

If Yes, please specify locations: \_\_\_\_\_

Are there any bathrooms on-site?  Yes  No

\*\*\*If Yes, please also complete the add-on bathroom template\*\*\*

Are there any other factors which may be of interest to the traveler regarding access?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact name for further information if needed \_\_\_\_\_

Bookings: Telephone \_\_\_\_\_ Website: \_\_\_\_\_

Questionnaire completed date \_\_\_/\_\_\_/\_\_\_