



Accessibility Solutions Inc.

SURVEY SPECIFICATION SHEET

NAME _____
 ADDRESS _____
 ZIP CODE _____
 PHONE # _____

TYPE OF BUILDING:

- PRIVATE RESIDENCE
 PUBLIC BUILDING
 Brochure Left With The Customer?

Referred By or Lead From _____

Number of Risers _____

Number of Treads _____

Number of Int. Landings _____

Angle of Incline _____

Top Nose to Floor Dist. _____ Total Rail Length _____

Width of Stairs _____

Distance Between Stairway Walls _____

Can Rail Enter in One Piece Yes / No

Stair Tread Material _____ Carpet on Stairs Yes / No

Landing Material _____

Dist. at Upper Landing _____

Distance at Lower Landing _____

Height Handrail _____

Remove Handrail _____

Install Outlet Yes / No Top/Bottom

Dist. to Nearest Outlet _____

Rail Placement - **Circle One** (Right) (Left)

Rail Overrun Top _____ Bottom _____

Seat Height Requested _____ User Hgt. _____ User Wgt. _____

Color Selected _____

NOTES:

RISER #1 _____

#2 _____

#3 _____

#4 _____

#5 _____

#6 _____

#7 _____

#8 _____

#9 _____

#10 _____

#11 _____

#12 _____

#13 _____

#14 _____

#15 _____

#16 _____

#17 _____

#18 _____

#19 _____

#20 _____

#21 _____

TREAD #1 _____

#2 _____

#3 _____

#4 _____

#5 _____

#6 _____

#7 _____

#8 _____

#9 _____

#10 _____

#11 _____

#12 _____

#13 _____

#14 _____

#15 _____

#16 _____

#17 _____

#18 _____

#19 _____

#20 _____

#21 _____

