

Specifications for Steps

HULL CITY COUNCIL

All specifications on this form are necessary and appropriate to meet assessed needs

This form must be completed and attached to the relevant recommendation form
(Adaptations to Council Dwelling / Disabled Facilities Grant)
on Liquid Logic and both forms emailed to Private Housing or Housing Adaptations Team

Details

Customer name:

Address:

Contact details:

Position of steps to be altered

Front Rear Side Other (specify below)

Additional information regarding current access

Walking aid used

Yes (specify below) No

Sticks Crutches Frame Rollator

Person with walking aid

Overall length

mm

Overall width

mm

Steps

Minimum depth of tread mm

Minimum width of step 900 mm or mm

Maximum step rise – maximum of 100 mm recommended for walking aid users – specify below

- 75 mm
 100 mm
 150 mm

- Steps should be uniform, and treads slip resistant
- Steps should have a profile that reduces the risk of tripping i.e., flush, and vertical with no projections or overhangs
- Visibility strips to be provided at edge of steps

Handrails

Required Yes (specify) Right Left Bilateral
 No

Reference number 4 5 6 7 (see rails booklet)

Custom made Wall to floor Floor to floor

Fitted height:

900-1000mm above pitch line of steps and landing

Height of mm

As agreed with client at installation

- Continuous along flight and landing of steps and fitted on both sides
- Extend at least 300mm horizontally beyond the top and bottom step
- The rails should be cylindrical, galvanised, and not exceeding 40-50mm diameter
- Should terminate in a closed end and not project into a route of travel

Door

Door requires minimum clear opening of:

800 mm 825 mm 850 mm 870 mm 900 mm Wider mm

Door to be rehung to open in / out

No change to door required

Threshold

Wheelchair accessible threshold

Maximum height of threshold

Internal Fillet

Any changes to space inside front door – specify below (specify below)

Additional Information

Completed by

Name: Contact Number: Ext: Date:

Approval by Social Services OT (for social services OT approver use only)

Name: Contact Number: Ext: Date: