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: |  |

Capacity Yes [ ]  No [ ]

Best interest decision Yes [ ]  No [ ]

Position of steps to be altered

[ ]  Front [ ]  Rear [ ]  Side [ ]  Other (specify below)

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Additional information regarding current access

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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)

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**Additional Information**

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|  |

**Completed by**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | ContactNumber: |  | Ext: |  | Date: |  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | ContactNumber: |  | Ext: |  | Date: |  |