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**

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| --- | --- |
| 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: |  | Contact  Number: |  | Ext: |  | Date: |  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | Contact  Number: |  | Ext: |  | Date: |  |