



ADA COMPLIANCE DIVISION

Metropolitan Government of Nashville & Davidson County

RIGHT-OF-WAY ACCESSIBILITY REVIEW

PROJECT INFORMATION

Department/Agency: _____ Date: _____
 Project Name: _____ Project Number: _____
 Inspected by: _____ Date: _____

CONTACT INFORMATION

Project Manager: _____ Phone Number: _____
 Fax Number: _____ Pager Number: _____
 E-Mail: _____

- notation or (n/a), if not applicable.

PROJECT SCOPING INFORMATION

New construction
 Rehab
 Work in the right-of-way

Work out of the right-of-way
 Path of travel
 Other _____

Accessible – Site

4.3	<input type="checkbox"/> YES <input type="checkbox"/> Comment	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Accessible route (minimum of 36" clearance).
4.4.1	<input type="checkbox"/> YES <input type="checkbox"/> Comment	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Protruding/Overhanging Objects (objects may not reduce 36" accessible route, wall mounted 27" to 80" range w/4" allowed into route, freestanding (pole) 27" to 80" range w/12" allowed into route. Below 27" no length requirement).
4.5.4	<input type="checkbox"/> YES <input type="checkbox"/> Comment	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Grates within the walking surface (spaces no larger than 1/2". If elongated they must be placed with the long dimension perpendicular to the direction of travel).
	<input type="checkbox"/> YES <input type="checkbox"/> Comment	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Other.
	<input type="checkbox"/> YES <input type="checkbox"/> Comment	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Other.
	Comments:			

Curb Ramps

4.7.2	<input type="checkbox"/> YES <input type="checkbox"/> Comment	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Slope (maximum slope 1:12, maximum rise of any run is 30").
4.7.5	<input type="checkbox"/> YES <input type="checkbox"/> Comment	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Sides of Curb Ramps (flared side maximum slope 1:12, not to be included as path of travel).
	<input type="checkbox"/> YES <input type="checkbox"/> Comment	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Other.
	<input type="checkbox"/> YES <input type="checkbox"/> Comment	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Other.
	Comments:			

Ramps

4.8.2	<input type="checkbox"/> YES <input type="checkbox"/> Comment	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Ramp Slope and Run (maximum slope 1:12, maximum rise of any run 30").
4.8.3	<input type="checkbox"/> YES <input type="checkbox"/> Comment	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Clear Width (minimum 36").
4.8.4	<input type="checkbox"/> YES <input type="checkbox"/> Comment	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Landings (minimum length 60", width is a minimum of the ramp run width leading to it, if change of direction a minimum 60"x60").
4.8.6	<input type="checkbox"/> YES <input type="checkbox"/> Comment	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Cross-Slope and Surfaces (cross-slope no greater than 1:48, surface shall be firm, stable and slip resistant.
	<input type="checkbox"/> YES <input type="checkbox"/> Comment	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Other.

	Comments:	

50% - 75% Completion Field Review:

Date: _____

Inspector: _____

<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Comment	Project conforms to plans and specifications.
Deficiencies noted.	

95% Completion Field Review:

Date: _____

Inspector: _____

<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Comment	Project conforms to plans and specifications.
Deficiencies noted.	