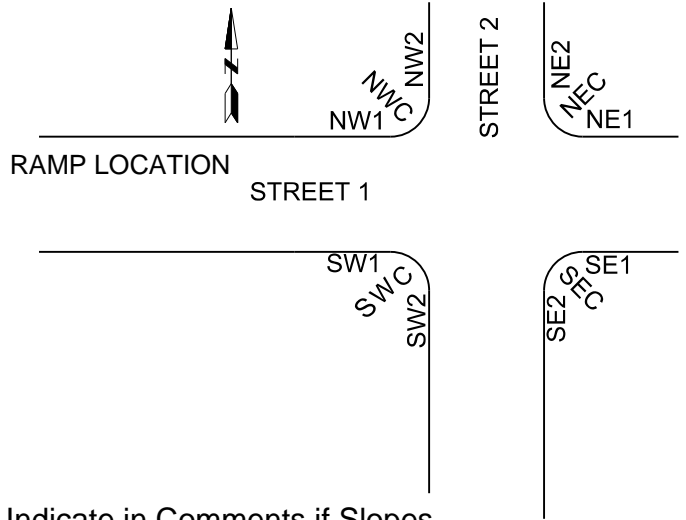




City of Springfield ADA Ramp Inspection Form

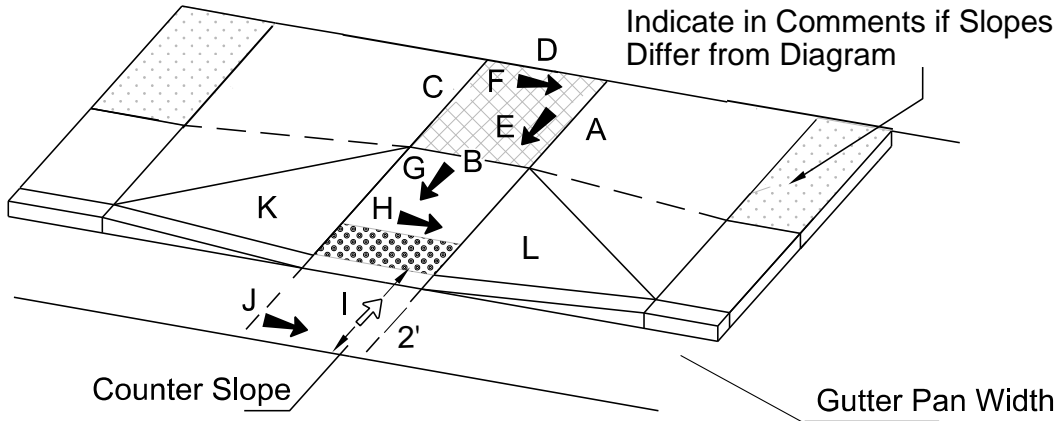


Project/Permit #: _____

Street 1: _____

Street 2: _____
(Include Station or Address as needed for location)

PERPENDICULAR RAMP MEASUREMENT



LANDING

LENGTHS

A _____ ft
B _____ ft
C _____ ft
D _____ ft

5'x5' minimum landing area? Y N

SLOPES

E (Running slope) _____ % ≤2%? Y N
F (Cross slope) _____ % ≤2%? Y N

RAMP

LENGTHS

G (Max run length) _____ ft
H (Min sidewalk width) _____ ft ≥ 5 ft? Y N

SLOPES

G (Running slope) _____ % ≤8.3%? Y N
H (Cross slope) _____ % ≤2%? Y N

SLOPES AT GUTTER

I (Counter slope) _____ % ≤8.3%? Y N
J (Cross slope) _____ % ≤2%? Y N

$|G| + |H| =$ _____ % ≤13.3%? Y N
(Alg. difference/Absolute sum of slopes)

OTHER

Is the Ramp Lip flush? Y N
(No lips within curb ramp system or at connections adjacent to surfaces)

Is Detectable Warning installed with
(a) approved contrasting color and
(b) 2' min width from back of curb? Y N

FLARES (IF PRESENT)

SLOPES
K _____ % ≤10%? Y N
L _____ % ≤10%? Y N

