



City of Springfield ADA Ramp Inspection Form



NWC NW1
NW2

STREET 2

NE2
NEC
NE1

RAMP LOCATION

STREET 1

Project/Permit #: _____

Street 1: _____

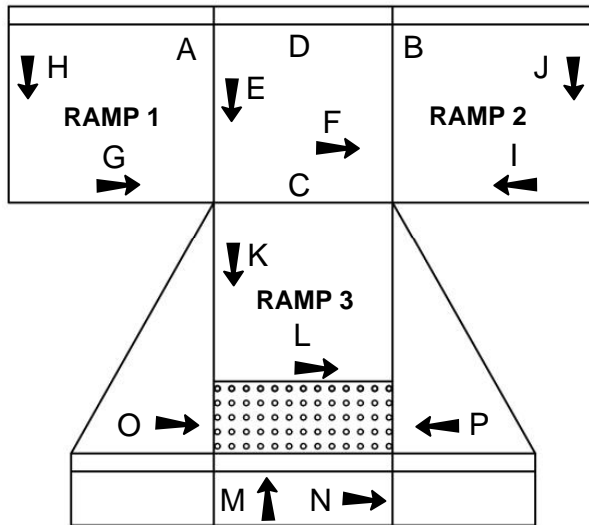
Street 2: _____

(Include Station or Address as needed for location)

SW1
SWC
SW2

SE2
SEC
SE1

COMBINATION 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 1

LENGTHS

G (Max run length) _____ ft ≤15 ft? Y N

H (Min sidewalk width) _____ ft ≥5 ft? Y N

SLOPES

G (Running Slope) _____% ≤8.3%? Y N

H (Cross Slope) _____% ≤2%? Y N

RAMP 2

LENGTHS

I (Max run length) _____ ft ≤15 ft? Y N

J (Min sidewalk width) _____ ft ≥5 ft? Y N

SLOPES

I (Running Slope) _____% ≤8.3%? Y N

J (Cross Slope) _____% ≤2%? Y N

RAMP 3

LENGTHS

K (Max run length) _____ ft

L (Min sidewalk width) _____ ft ≥5 ft? Y N

SLOPES

K (Running Slope) _____% ≤8.3%? Y N

L (Cross Slope) _____% ≤2%? Y N

FLARES (IF PRESENT)

SLOPES

O _____% ≤10%? Y N N/A

P _____% ≤10%? Y N N/A

SLOPES AT GUTTER

M (Counter Slope) _____% ≤5%? Y N

N (Cross Slope) _____%

|K| + |M| = _____% ≤ 13.3%? Y N
 (Alg. Difference/Absolute sum of slopes)

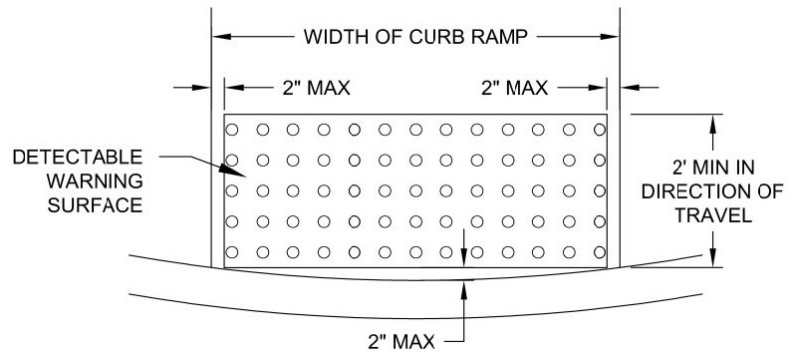
SLOPE MAXIMUM PER INTERSECTION TYPE

Check Box that Applies	Intersection Type #	Intersection Type	Maximum Grade (Z)
	1	STOP or YIELD Sign	2.1%
	2	Uncontrolled – No Signals/Signs	5.0 %
	3	Traffic Signal or Pedestrian Hybrid Beacon (PHB)	5.0%
	4	Mid-Block Crossing or Roundabout	*Street Grade

Is N ≤ Z? Y N

OTHER

- Is the Ramp Lip flush? Y N
(No lips within curb ramp system or at connections adjacent to surfaces)
- Is detectable warning surface an approved, contrasting color? Y N
- Is detectable warning surface 2' min. in direction of travel? Y N
- Is there less than 2" gap between detectable warning surface and adjacent panel, back of curb edges? (see image) Y N



COMMENTS AND IMAGES

RULES FOR MEASURING:

- Follow level manufacturer's calibration instructions. Level must be an ODOT approved Smart Level.
- Provide completed report to Project Engineer for review.

Inspected by:

 (Print Name) _____ (Signature) / Date

 (Inspector Certification #) Check if ADA Design Variance applies
 Note: If Design Variance has been approved, attach it.