Self-Assessment Questionnaire for Accessibility of Accommodation: Level 1

Europe for All - ESTABLISHMENT IDENTIFICATION FORM		
A	Type of Establishment: (Please answer only one)	☐ Hotel ☐ Motel ☐ Furnished flats (with or without hotel service)
B	Name of Establishment:	
C	Address: (Street, number):	
D	Town / City	
E	Postal Code	
F	Country	
G	Telephone [Country code, Area code, number]	
H	Fax [Country code, Area code, number]	
I	Email	
J	Name of Contact Person(s) for accessibility registration	
K	Website *(text field 100 characters)*	
L	Booking agents, if any: (You may list up to 3 Company names or Websites) *(3 x text field 100 characters)*	
M	Is the establishment listed in an accessible tourism information scheme? (You may list up to 3 Company names or Websites) *(3 x text field 100 characters)*	
N	You may send a photo of the establishment	Photo optional
O P Q	**For Europe for All use ONLY** Registered by: Date: GPS coordinates:	- - -

PUBLIC TRANSPORT						
A01	Can the establishment be reached by:	a.Bus	b.Train	c. Underground / Metro	d. Tram	e. Boat or Ferry
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
A02	Approximate distance from stop (metres):	a _____m.	b._____m.	c._____m.	d._____m.	e._____m.

A03	Do you provide a transport service for guests? (e.g. minibus)	☐ YES ☐ NO	
A04	**If yes,** can guests with wheelchairs use this service?	☐ YES ☐ NO	Photo optional

PARKING			
B01	Is designated parking provided for guests with disabilities?	☐ YES ☐ NO	Photo optional
B02	**If yes,** is it within about 50 metres from the main entrance?	☐ YES ☐ NO	
B03	Is there a drop-off point for guests immediately outside the main entrance?	☐ YES ☐ NO	
B04	Is the route from the parking area to the entrance: a) flat, (without steps) b) with a ramp or lift c) with steps and no ramp or lift	(tick one) ☐ ☐ ☐	

BUILDING ENTRANCE			
MAIN ENTRANCE			
C01	Are there any steps to the **main entrance**?	☐ YES ☐ NO	Photo optional
C02	**If 'yes',** how many steps?	____ Steps	
C03	**If 'yes',** is there a handrail by the steps?	☐ YES ☐ NO	
C04	Is there a ramp to the main entrance?	☐ YES ☐ NO	
C05	**If 'yes',** is there a handrail by the ramp?	☐ YES ☐ NO	
C06	What is the width of the clear opening space at the main entrance door?	____ cm	Measure-ment Guide
C07	Is the main entrance door:: ☐ Manual ☐ Automatic ☐ Revolving with alternative side-hung manual door ☐ Revolving with NO alternative side-hung manual door ☐ Other	**(tick at least one)**	Photo optional

ALTERNATE ENTRANCE			
C08	When there are steps to the main entrance, but no ramp or lift, is there another entrance that provides access to wheelchair users, or those who cannot manage steps?	☐ YES ☐ NO ☐ N/A	Photo optional
C09	**If 'yes',** what is the width of the clear opening space at this entrance door?	____ cm	Measure-ment Guide
C10	**If 'yes',** is this entrance door:: ☐ Manual ☐ Automatic ☐ Revolving with alternative side-hung manual door ☐ Revolving with NO alternative side-hung manual door ☐ Other	**(tick at least one)**	Photo optional
LIFT			
D01	Is there a lift? ***If "NO" please go to next section***	☐ YES ☐ NO	
D02	**If yes,** what is the width of the clear opening space at the lift-door?	____ cm	Measure-ment Guide
D03 a	**If yes,** what is the internal width of the lift?	____ cm	Measure-ment Guide
D03 b	**If yes,** what is the internal depth of the lift?	____ cm	Measure-ment Guide
D04	**If yes,** is there a verbal announcement for stops at each floor?	☐ YES ☐ NO	
D05	**If yes,** do the lift buttons have raised numbers or letters?	☐ YES ☐ NO	
ACCESS TO PUBLIC AREAS			
Is there level access (with no steps or thresholds), or access by a ramp or lift**:**			
E01	from the entrance to reception?	☐ YES ☐ NO ☐ N/A	Photo optional
E02	to a public toilet?	☐ YES ☐ NO ☐ N/A	
E03	to a public toilet suitable for use by guests with a disability?	☐ YES ☐ NO ☐ (N/A)	
E04	to the lounge?	☐ YES ☐ NO ☐ N/A	Photo optional
E05	to the bar?	☐ YES ☐ NO ☐ N/A	Photo optional

E06	to the swimming pool?	☐ YES ☐ NO ☐ N/A	Photo optional
E07	to the gym/ leisure centre?	☐ YES ☐ NO ☐ N/A	Photo optional
E08 a	to other indoor facilities?	☐ YES ☐ NO ☐ N/A	
E08 b	**If yes,** list these: (text field 100 characters) _____		Photo optional
E09 a	to outdoor facilities?	☐ YES ☐ NO ☐ N/A	
E09 b	**If yes,** list these: _____ e.g. beach, sports area, terrace, dining area, garden		Photo optional
BREAKFAST / DINING ROOM			
F01	Is there level access (with no steps or thresholds), or by ramp or lift to the breakfast / dining-room?	☐ YES ☐ NO ☐ N/A	Photo optional
F02	What is the width of the clear opening space at the entrance door to the breakfast / dining-room?	____ cm	Measure-ment Guide
GUESTROOMS			
GUESTROOMS – GENERAL			
G01	Do you provide guestrooms with: a. en-suite bathroom ☐ b. private, separate bathroom ☐ c. shared, separate bathroom ☐ (Please tick at least one)		Photo optional
G02	Is there level access (with no steps or thresholds), or by ramp or lift to one or more guestrooms?	☐ YES ☐ NO	
G03	Do you provide bathrooms with: a. separate shower unit ☐ b. bathtub with shower ☐ c. bathtub ☐ (Please tick at least one)		Photo optional
G04	Where there is a shower unit, are any of these fitted with a support handrail?	☐ YES ☐ NO ☐ N/A	Photo optional
G05	Where there is a shower unit, is there a fixed shower seat or shower chair provided?	☐ YES ☐ NO ☐ N/A	Photo optional

G06	Where there is a bathtub, are any of these fitted with a support handrail?	☐ YES ☐ NO ☐ N/A	Photo optional
G07	Where there is a bathtub, do any of these have an extended area at one end for sitting?	☐ YES ☐ NO ☐ N/A	Photo optional
G08	Do guestrooms have a heating system?	☐ YES ☐ NO	
G09	If **yes,** what heating system do you provide? ☐ Central heating system - radiators ☐ Hot air / air-conditioning ☐ Gas heater ☐ Petroleum heater ☐ Stove ☐ Open fireplace		
G10	Do guestrooms have air-conditioning?	☐ YES ☐ NO	

SELF-CATERING KITCHEN

G11	**Does your establishment provide guestrooms with a self-catering kitchen or cooking facilities?** - If "No" please go to next section ("GUESTROOMS – FOR GUESTS WHO USE A WHEELCHAIR") , otherwise provide answers for all the following questions:	☐ YES ☐ NO	Photo Guide
	For the following questions, please indicate whether the item is present or not (YES/NO) and if it is, please enter the requested measurement		

G12	a). Is there a door between the kitchen and the guest room(s)? b). What is the width of the door-opening?	a) ☐ YES ☐ NO	b)…….. cm	Measure-ment Guide
G13	a). Is there a work surface or kitchen unit? b). What is the height of the work surface/kitchen unit?	a) ☐ YES ☐ NO	b)…….. cm	Measure-ment Guide
G14	a). Is there a kitchen table? b). What is the height of the kitchen table?	a) ☐ YES ☐ NO	b)…….. cm	Measure-ment Guide
G15	a). Is there a cooker hob (hotplate /gas burner)? b). What is the height of the hob?	a) ☐ YES ☐ NO	b)…….. cm	Measure-ment Guide
G16	a). Is there a microwave oven? b). What is the height of the microwave door handle?	a) ☐ YES ☐ NO	b)…….. cm	Measure-ment Guide
G17	a). Is there a kitchen sink? b). What is the height of the top edge of the sink?	a) ☐ YES ☐ NO	b)…….. cm	Measure-ment Guide
G18	a). Is there a kettle? b). What is the height of the surface where the kettle is standing?	a) ☐ YES ☐ NO	b)…….. cm	Measure-ment Guide
G19	a). Is there a refrigerator? b). What is the height of the refrigerator door handle? (If full-length door handle, give height of mid-point).	a) ☐ YES ☐ NO	b)…….. cm	Measure-ment Guide
G20	Is seating available in the kitchen?	☐ YES	☐ NO	

GUESTROOMS – FOR GUESTS WHO USE A WHEELCHAIR			
H01	Are there rooms, with en-suite bathrooms, intended for guests who use a wheelchair? ***If "YES" please complete all questions in the following two sections). If "NO" please go to SPECIAL SERVICES section below (questions starting with J).***	☐ YES ☐ NO	Photo optional
H02	How many rooms are available for guests who use a wheelchair?	_____	
H03	Do these rooms have level access (including access by a ramp or lift) from the entrance of the establishment to door of the guestroom?	☐ YES ☐ NO	
H04	What is the width of the clear opening of the bedroom door?	_____ cm	Measure-ment Guide
H05	Can the bedroom furniture be re-arranged, if requested by the guest?	☐ YES ☐ NO	Photo optional
H06	What is the widest free space at the side of the bed?	_____cm	Measure-ment Guide
H07	Which types of beds are available in rooms for wheelchair users? (tick at least one) ☐ a double bed ☐ one single bed ☐ two single beds		Photo optional
EN-SUITE BATHROOM FOR WHEELCHAIR USERS (Please answer only if you have selected "YES" in question H01 above).			
I01	What is the width of the clear opening of the bathroom door?	_____ cm	Measure-ment Guide
I02	Is there a separate shower with level access (no raised shower tray or step-up)?	☐ YES ☐ NO	Photo optional
I03	Is a fixed shower seat or shower chair provided?	☐ YES ☐ NO	Photo optional
I04	Are there handrails for support beside the shower?	☐ YES ☐ NO	Photo optional
I05	Are there handrails for support beside the W.C.	☐ YES ☐ NO	Photo optional
I06	What is the width of the widest floor space at the side of the W.C.	_____cm	Photo optional Measure-ment Guide
I07	What is the length of the floorspace in front of the WC	_____cm	Measure-ment Guide
I08	What is the height of the toilet seat from the floor?	_____cm	Measure-ment Guide
I09	Is there an emergency call system in the bathroom?	☐ YES ☐ NO	

SPECIAL SERVICES			
J01	Are there guestrooms with separate, private or shared bathrooms, suitable for guests who use a wheelchair? (i.e. not en-suite)	☐ YES ☐ NO	Photo optional
J02	Is 24-hour guest service provided?	☐ YES ☐ NO	
J03	Are there emergency evacuation procedures for the safe exit of guests with disabilities?	☐ YES ☐ NO	
J04	Have the personnel who have contact with guests had disability awareness training?	☐ YES ☐ NO	
J05	Are service dogs allowed in your premises?	☐ YES ☐ NO	

J06	**If service dogs are allowed** in your premises, are they allowed to stay in bedrooms?	☐ YES ☐ NO	

J07a Can your catering staff provide meals for **guests with special dietary requirements**?
(Please tick those that apply)

- ☐ sugar free (diabetic)
- ☐ gluten free (celiacs)
- ☐ lactose free (diary free)
- ☐ low fat and fibre with no gastric content
- ☐ low potassium
- ☐ low sodium
- ☐ nut free
- ☐ additive free
- ☐ organic
- ☐ vegetarian
- ☐ vegan
- ☐ kosher
- ☐ halal
- ☐ other

☐ **None of the above**

J07b **If you selected "Other" please describe**:
(Text field 100 characters)

_____

J08a Do you provide services for **guests with hearing impairments**? (Please tick)

- ☐ text telephone
- ☐ emergency call system with vibrating pads (if fire alarm is activated)
- ☐ emergency call system with flashing lights (if fire alarm is activated)
- ☐ **other**

☐ **None of the above**

J08b **If you selected "Other" please describe**:
(Text field 100 characters)

_____

J09a Do you provide services for **guests with asthma or allergies**?
(Please tick)

- ☐ non-smoking rooms
- ☐ rooms with non-allergic bedding (e.g. non-feather pillows)
- ☐ rooms with no fitted carpets,…
- ☐ non-smoking area in the bar/restaurant/…
- ☐ **other:**

☐ **None of the above**

J09b **If you selected "Other" please describe**:
(Text field 100 characters)

_____

J10a	Do you provide services for **guests with visual impairments**? (Please tick) ☐ contrast markings on glass doors and full-height windows ☐ guest information in large print format ☐ restaurant/bar menus/bar prices available in large print format ☐ tactile route within or outside the premises ☐ audible alarm system ☐ **other:** ☐ **None of the above**		Photo optional
J10b	**If you selected "Other" please describe**: *(Text field 100 characters)* _____		
J11a	Do you provide other **special services for elderly and/or disabled guests**?	☐ YES ☐ NO	Photo optional
J11b	**If yes,** which services? *(Each answer : text field 100 characters)* 1._____ 2. _____ 3. _____		

Thank you for registering your establishment with **Europe for All**.

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