

# **504/ADA SELF-EVALUATION AND ASSURANCE OF COMPLIANCE**

## **Instructions**

### **504/ADA Self-Evaluation Questionnaire Form**

This form will help you evaluate your organization's or firm's programs and services, employment, and facilities to ensure they are accessible to people with disabilities. Complete the 504/ADA Self-Evaluation Questionnaire and keep it on file at your office. Do not return the questionnaire with your contract.

### **“Quick Look” Barriers Checklist**

Note: If the business is a construction company, this form pertains only to the main office, not the construction sites. Firms that provide services outside their office do not need to write a corrective action plan for physical accessibility as long as these services are provided in an accessible location for people with disabilities who cannot access the office. However, physical access must also be reviewed in light of hiring an individual with a disability or accommodating a current employee who becomes disabled.

### **504/ADA Assurance of Compliance Form**

All contractors must complete this form, as required by King County Code 12.16.060. Governmental agencies and contracts for the direct purchase of goods are exempt.

- **Complete this form.** If your organization or firm is out of compliance with any of the 504/ADA requirements, indicate on the 504/ADA Disability Assurance of Compliance form the corrective actions that will be taken to achieve compliance and the date these actions will be completed.
- **Sign the Assurance of Compliance form and send the original back with your contract.** Keep a copy of the form on file in your office for use during on-site reviews. You will be notified at least one week in advance of any scheduled review. (Note: This form may be used as an exhibit with other King County contracts for two years from the date the form is completed.)

**If you have questions regarding this process, or if you require this material in an alternate format,** please contact a King County 504/ADA Disability Compliance Specialist at 206-296-7592 or 206-296-7596 TTY, or by e-mail: [Civil-Rights.OCR@kingcounty.gov](mailto:Civil-Rights.OCR@kingcounty.gov).

## **504/ADA General Information**

Federal and State laws prohibit discrimination based on disability. Section 504 of the Rehabilitation Act of 1973, as amended (504), and the Americans with Disabilities Act of 1990 (ADA) require that King County and all organizations and firms contracting with King County, except those providing tangible goods, comply with the 504/ADA accessibility requirements.

Under 504 and ADA, a “qualified individual with a disability” is anyone who has, has a history of, or is perceived as having a physical or mental impairment which substantially limits one or more major life activities. Disabilities include, but are not limited to: mobility, visual, hearing, or speech disabilities; mental illness; epilepsy; learning disability; brain injury; HIV/AIDS; arthritis; cerebral palsy; multiple sclerosis; developmental disability; and alcohol and/or drug addiction.

## **DISABILITY RESOURCE LIST**

**Note:** Inclusion in this resource list does not constitute endorsement by King County Government, nor does omission imply non-endorsement. Our goal is to provide you with information on some key resources available. Please contact us if you know of a useful resource missing from this list.

### **King County Office of Civil Rights**

Disability Compliance Specialist, Yesler Building,  
400 Yesler Way, Room 260, Seattle, WA 98104-  
2683; 206-296-7592 V,  
206-296-7596 TTY; 206-296-4329 Fax;  
e-mail: [Civil-Rights.OCR@kingcounty.gov](mailto:Civil-Rights.OCR@kingcounty.gov)  
web site: [www.metrokc.gov/dias/ocre](http://www.metrokc.gov/dias/ocre)

### **Governor's Committee on Disability Issues and Employment (GCDE)**

Advises and informs the Governor, state and  
local governments, the business community,  
and the disability community on ADA and other  
issues related to disability policy.  
Olympia: 360-438-3168 V, 360-438-3167 TTY;  
Spokane: 509-532-3149 V, 509-532-3113 TTY.

### **GCDE publishes "Producing Materials in Alternative Formats: A Guide for Agencies"**

which provides information on producing  
materials in large print, on audio tape or  
computer disk, and Braille. Send a written  
request for a copy.

### **DBTAC Northwest**

Provides information on the Americans with  
Disabilities Act in Alaska, Idaho, Oregon and  
Washington. Western Washington University  
6912 220th St. SW, Suite 105  
Mountlake Terrace, WA 98043  
800-949-4232 V/TTY  
425-774-9303 Fax  
e-mail: [dbtacnw@wwu.edu](mailto:dbtacnw@wwu.edu)  
web site: [www.dbtacnorthwest.org](http://www.dbtacnorthwest.org)

### **Sprint Washington Telecommunications Relay Service (TRS)**

Provides free telephone accessibility with TTY  
users. 500 108<sup>th</sup> Avenue NE, Suite 800,  
Bellevue, WA 98004; Relay Services: 711 TTY;  
800-833-6384 V.

### **ADA Technical Assistance Hotline**

504/ADA Contract Forms 10-3-07

### **(U.S. Dept. of Justice)**

Provides free technical assistance and  
informational materials to people with  
disabilities, businesses, state and local  
government agencies, and the general public on  
rights and responsibilities under Titles II and III  
of the ADA. 800-514-0301 V/TTY.  
web site: [www.usdoj.gov/crt/ada](http://www.usdoj.gov/crt/ada)

### **Washington Assistive Technology Alliance (WATA)**

Information & referral to disability resources,  
including assistive technology options, funding  
sources, legal issues, accommodations.  
509-328-9350 V/TTY; 800-214-8731 V/TTY;  
509-326-2261 Fax; e-mail: [spokane@seals.org](mailto:spokane@seals.org)  
web site: [wata.org/wata/eatrc/index.htm](http://wata.org/wata/eatrc/index.htm)

### **Job Accommodations Network (JAN)**

An international toll-free consulting service that  
provides information regarding the ADA, job  
accommodations and the employability of  
people with disabilities. P.O. Box 6080,  
918 Chestnut Ridge Road, Suite 1, Morgantown,  
WV 26506-6080;  
JAN ADA Information 800-526-7234 V/TTY;  
800-ADA-WORK (232-9675) V/TTY;  
web site: [janweb.icdi.wvu.edu](http://janweb.icdi.wvu.edu)

### **Emergency Procedures for Employees with Disabilities in Office Occupancies**

A procedural guideline funded by the U.S. Fire  
Administration and developed by the National  
Institute of Standards and Technology with  
assistance from the National Task Force on Life  
Safety and People with Disabilities. Write for a  
copy of Item Number FA -154: United States  
Fire Administration, 16825 South Seton Avenue,  
Emmitsburg, MD 21727.

# 504/ADA SELF-EVALUATION QUESTIONNAIRE

## General Requirements

Please check the appropriate answers. If necessary, attach additional pages of explanation. **If you have fewer than 15 employees, please skip the first section and start with "Program Access."**

- |   | YES                      | NO                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1. Do you have a 504/ADA coordinator? If so, who?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name _____  |                          |                          |                          |
| Title _____   |                          |                          |                          |
| Phone _____   |                          |                          |                          |
| 2. Do you have an internal grievance procedure that allows for quick and prompt solutions for any complaints based on alleged noncompliance with 504/ADA?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a policy that provides for notifying participants, applicants, employees, unions, and professional organizations holding collective bargaining or professional agreements that you do not discriminate on the basis of disability?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you notified these individuals of your nondiscrimination policy?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you provide ongoing staff training to ensure that staff fully understand your policy of nondiscrimination on the basis of disability and can take all appropriate steps to facilitate the participation of individuals with disabilities in agency programs and activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Program Access

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 1. Do you notify the public and other interested parties that agency meetings, board of director meetings, hearings, conferences, public appearances by elected officials, and interviews will be held in accessible locations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you notify the public and other interested parties that auxiliary aids (sign language interpreters, readers) will be provided, upon request, to participants with disabilities?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a Teletypewriter (TTY), or do you use the statewide Telecommunications Relay Service to facilitate communication with individuals who use TTYS for communication purposes?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you provide ongoing training to familiarize appropriate staff with the operation of the TTY (or Relay Service) and other effective means of communicating over the telephone with people with disabilities?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Program Access (continued)

	YES	NO	N/A
5. Do you make available, upon request, written material in alternate formats for people who have disabilities? (Alternate formats include large print, Braille, and audiocassette tapes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are printed posters, announcements, and printed materials (including graphics) clearly legible and placed in physically accessible locations where print can be read from a wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If you have a mailing list for the purposes of information dissemination, does it include various disability groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are your TTY number and procedures for accessing your services printed on all material distributed to the public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a policy and procedure for safe emergency evacuation of people with disabilities from your facility(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Employment and Reasonable Accommodation

1. When gathering affirmative action data regarding disabilities, do you make it clear that: <ul style="list-style-type: none"><li>• the information requested is intended for use solely in connection with reporting requirements;</li><li>• the information is voluntary;</li><li>• the information will be kept confidential; and</li><li>• refusal to provide or providing the information will not subject the applicant or employee to any adverse treatment?</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If you make pre-employment medical inquiries or conduct pre-employment medical examinations: <ul style="list-style-type: none"><li>• Is the inquiry related to the applicant's ability to perform the job?</li><li>• Do you condition offers of employment on the results of these examinations?</li><li>• Is the examination required for <u>all</u> employees in the same job classification?</li><li>• Are <u>all</u> applicants in the same job classification asked the same medical and/or interview questions?</li></ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. During the application, interviewing, hiring, and employment process, do you provide reasonable accommodations to applicants and employees with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Employment and Reasonable Accommodation (continued)

YES NO N/A

4. Do you have a written policy stating the following?

504/ADA requires that information concerning an applicant's medical condition or history must be kept separate from personnel records and may be shared in only three ways:

- (1) supervisors and managers may be informed of restrictions on the work or duties of individuals with disabilities and informed of necessary accommodation(s);
- (2) first aid and safety personnel may be informed if the condition might require emergency treatment; and
- (3) government officials investigating compliance with 504/ADA shall be provided with relevant information upon request.

### Physical Accessibility

Complete the "Quick Look" Barriers Checklist and then answer the following questions:

- 1. Is the building(s) where your business is located barrier-free?
- 2. If you checked NO to any of the items on the Employment and Reasonable Accommodation checklist above, would these areas prevent an individual with a disability from accessing your program(s) or service(s)?

If access would be impacted, describe on the Corrective Action Plan what steps will be taken to eliminate the barrier(s). If there are extenuating circumstances which would make barrier removal a financial or administrative burden, please explain in the Corrective Action Plan.

**This 504/ADA Self-Evaluation Questionnaire was completed by:**

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Print name

Date

Phone Number

## “QUICK LOOK” BARRIERS CHECKLIST

This checklist may be used to conduct a quick appraisal of potential problem areas for accessibility. For detailed review standards, refer to IBC 2003, ANSI A117.1-2003, and the Washington State Administrative Code (WAC) 51-50. If you are not located in State of Washington, you may refer to federal ADA Accessibility Guidelines (ADAAG), state or local laws and regulations.

### **Building Access**

	<b>YES</b>	<b>NO</b>	<b>N/A</b>
• Garage/lot has required number of accessible parking spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are accessible parking spaces near main building entrance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Walkways are level (44" wide min.) or ramped (max. 1:12 )?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does the entrance doorway have at least 32" wide clearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the door threshold maximum ¼" high (½" if beveled)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Door hardware is lever handles, pulls, or push-pull activating bars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are the doors easy to open (exterior doors max. 8.5 lbs. opening force, interior doors 5 lbs. max.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If revolving doors used, alternate accessible entrance available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Building Corridors**

• Is path of travel free of obstruction and at least 36" wide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is floor surface stable, firm and slip resistant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do obstacles (phones, fountains, etc.) protrude no more than 4"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If provided, minimum one public phone or water fountain accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are elevator controls no higher than 48"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are elevator markings in Braille and raised letters/numbers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does elevator provide audible and visible signals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Floor of elevator cab is min. 51" x 68" (door offset) or 51" x 80" (door centered)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Restrooms**

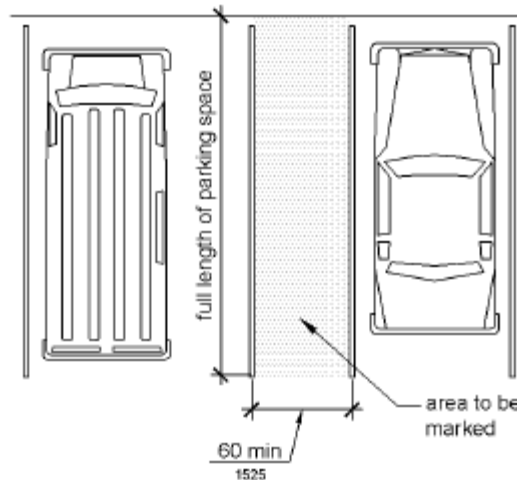
• Door hardware is lever handles, pulls, or push-pull activating bars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do restroom entrance doors have at least 32" wide clearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is restroom large enough for wheelchair turnaround (5' diameter)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Does accessible stall door have at least 32" wide clearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are grab bars provided in accessible toilet stalls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Toilet seat top is 17-19" above floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sink has clear knee space under basin; exposed pipes are insulated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Faucets are lever-operated or push-type?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are soap and towel dispensers no more than 40" from the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Reception and Personnel Office**

• Lower counter space in reception, customer service areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do doors have at least 32" wide clearance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the door easy to open (max. 5 lbs. opening force)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Door threshold is maximum ¼" high (½" if beveled)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the path of travel between furniture at least 36"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Required Number of Accessible Parking Spaces

Total Garage/Lot Parking Spaces	Minimum No. of Accessible Spaces
1-25	1 (van accessible)
26-50	2 (including one van space)
51-75	3 (including one van space)
76-100	4 (including one van space)
101-150	5 (including one van space)
151-200	6 (including one van space)
201-300	7 (including two van spaces)
301-400	8 (including two van spaces)
401-500	9 (including two van spaces)
501-1000	2% of total spaces (every six accessible spaces include one van space)
More than 1000	20, plus 1 for each 100 over 1000 (every six accessible spaces include one van space)



Locate accessible parking spaces on the shortest accessible route of travel to an accessible building entrance (where practical, not crossing traffic lanes).

Car and van parking spaces shall have an adjacent access aisle. Two parking spaces may share an access aisle. Van parking spaces that are angled shall have access aisles located on the passenger side of the parking space.

If there is only one accessible parking space, then it shall meet the codes for a van accessible parking space: 11' wide vehicle parking space plus a 5' access aisle. (An 8' vehicle parking space with an 8' access aisle is acceptable under code.)

For more detail, consult Washington State Building Code (WAC 51-50).





**504/ADA DISABILITY ASSURANCE OF COMPLIANCE (continued)**

**Program Access**

Actions To Be Taken	Completion Date
_____	_____
_____	_____
_____	_____

**Employment and Reasonable Accommodation**

Actions To Be Taken	Completion Date
_____	_____
_____	_____
_____	_____

**Physical Accessibility**

Actions To Be Taken	Completion Date
_____	_____
_____	_____
_____	_____

**I Declare Under Penalty of Perjury under the Laws of the State of Washington that the Foregoing is True and Correct.**

\_\_\_\_\_  
Signature of authorized signator

\_\_\_\_\_  
Type or print name of authorized signator                      Title                      Telephone

**For Notary:**

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed and sworn before me on (date) \_\_\_\_\_ by (print authorized signator name) \_\_\_\_\_

Notary signature: \_\_\_\_\_

Notary (print name): \_\_\_\_\_

My appointment expires: \_\_\_\_\_

Note: This form may be used as an exhibit with other King County contracts for two years from the date the form is completed.