

North Carolina Education Lottery Retailer Accessibility Checklist

Representative Name:		Inspection Date:	Ro	oute ID:		
Retailer ID: R	tetailer Name:					
Street Address:						
City:						
Latitude: L	ongitude:	_				
Previous Retailer ID:	Inspection D	ate: _ Previous Retaile	er Comp	oliant: _False	_	
o Do not conve	' if question d nust be filled ents in inches ert inches to f	loes not apply. only, unless otherwis eet and inches. vers in the comments	-			
• Submit pictures wit Parking	— enecklist of	f all areas of inspectio	·III•			
• Is the store located in a (circle one):		sta	nd alone buildir	ıg	strip mall
• Is self parking provided of	or designated thre	ough stripes, curb guards, e	tc?		Yes	No
 Are parking spaces provi 	ded solely on a c	eity street or highway?			Yes	No
Has the retailer made effective	orts to provide ac	ccessible parking?			Yes	No
 How many accessible spa 	aces are provided	1?				
o If only one (1),	is it a (circle sele	ection):				
Van Accessible			e or	Van Accessibl	e Space	
96" Parking Spa		96" Parking Space		132" Parking	•	
96" Access Aisl	le .	60" Access Aisle		60" Access A	isle	
192" Total		156" Total		192" Total		
Or None of the Abo	ove - Provide Me	easurements of Existing Spa	ace			
						Space
						Aisle/Route
						Total
o If more than one	e (1), is there a m	ninimum of one (1) van acco	essible sp	ace?	Yes	No
 Have designated spaces b 	been striped?				Yes	No

•	If yes, for which type of space (check where appropriate)?			
	 Van Accessible Space with: 			
	96" for space; 96" for access aisle/route = 192" Total			
	 Van Accessible Space with: 			
	132" for space; 60" for access aisle/route = 192" Total			
	o Standard Accessible Space with:			
	96" for space; 60" for access aisle/route = 156" Total			
•	Has proper signage designated the accessible parking space?	Yes	No	
	 International symbol with fine and statutory reference. 			
	o Van accessible space must have additional van accessible sign posted beneath	standard sign		
•	Is signage posted at proper height based on the pedestrian path and sign type?	Yes	No	
	o If no, provide measurement from ground to bottom of standard sign:			
•	Are accessible spaces located closest to the accessible entrance or accessible route?	Yes	No	
<u>E</u> :	xterior Path of Travel			
•	Provide the width of the sidewalk or accessible route to the door:			
•	Are curb cuts necessary for access?	Yes	No	
	o Has it been installed?	Yes	No	
	o Provide the width of the curb cut:			
	o Provide the height of the curb:			
	o If curb cuts are installed, provide the length of the curb cut:			
	o Is the curb cut built on a slope of 1:12?	Yes	No	
•	Is a ramp necessary for access?	Yes	No	
	o Has it been installed?	Yes	No	
	o Provide the width of the ramp:			
	o Provide the height of the curb or change in level:			
	o Provide the length of the ramp:			
	o Is the ramp built on a slope of 1:12?	Yes	No	
•	Is there a clear path of travel from the:	37	3.7	
	o Curb cut or ramp to the door?	Yes	No	
	o Designated parking space(s) to the door?	Yes	No	
	o If no, provide a list of obstructions in the comments section.	•	3.7	
•	Does the accessible route cross a path of vehicular travel?	Yes	No	
	o If yes, is there a marked crosswalk to indicate the accessible path of travel?	Yes	No	
•	Are grates located in the accessible route?	Yes	No	
	o If yes, are the spaces less than or equal to ½" wide in one direction?	Yes	No	3.7
	o If yes, does the long dimension of the opening run perpendicular to the main path of	it travel?	Yes	No

Entrance

•	Is the intended accessible entrance the main entrance?				
	$\circ \text{If no, is directional signage, including the International Symbol of Accessibility, posted} \\$	to identif	y the loc	ation of	
	the accessible entrance?	Yes	No		
•	If a ramp is used, what direction does the door open: (circle one)				
	Outward Opening or Inward Opening				
	5'x 5' landing 4'x 4' landing				
•	Provide the door pressure measurement in pounds force (lbf) of the accessible door:				
•	Provide the height of the door hardware from the ground to the middle of the door hardware:				
•	Are the door handles ADA compliant (no gripping, twisting or pinching to open)?				
	o Door handle on exterior side?	Yes	No		
	o Door handle on interior side?	Yes	No		
•	Provide the width of the accessible door from the face of the door to the opposite stop:				
•	Provide the height of rise of the threshold:	Yes			
•	Is the threshold beveled? o If yes, from which direction? (circle one) Outside		No le	Both	
Int	erior Path of Travel				
•	Is there a clear path of travel from the entrance to the sales counter?	Yes	No		
	o If no, list obstructions in Comments section.				
	o If no, is an alternate path provided				
•	Is the area immediately in front of the sales counter clear?	Yes	No		
	o If no, list obstructions in the comments section.				
	o Provide a measurement of the area in front of sales counter:		Length:		
		Width:			
Sal	es Counter				
•	Provide height of the counter top:				
	o If counter top is higher than 36", does the retailer provide alternative means of service?	Yes	No		
	 Please list alternative means of service in the Comments section 				
•	Provide a measurement of the sales counter surface area:				
			:		
		Width:			

This checklist will be used as a guideline to identify architectural barriers at the Retailer's business. Compliance with the Americans with Disabilities Act (ADA) is a contractual obligation of the Retailer's North Carolina Education Lottery (NCEL) Certificate of Authority as attested to by a signed self-certification form submitted with the original NCEL application. If it is determined that all or some of the identified barriers exist, the NCEL will notify the principal/officer of the business within thirty (30) days and the Retailer will be required to remove existing barriers as is "readily achievable." The Retailer's NCEL Certificate of Authority may be in jeopardy if such existing barriers are not removed.

the reason/purpose of this checklist and the requirements for compliance. Signature of Store Clerk, Manager, Owner: Please Print Name (as signed above): Signature of Lottery Representative: **Comments** List comments supporting answers. Information you provide will assist in reviewing the checklist and determining this retailer location's ADA compliance status.

The following individual has been notified by the undersigned NCEL Representative regarding