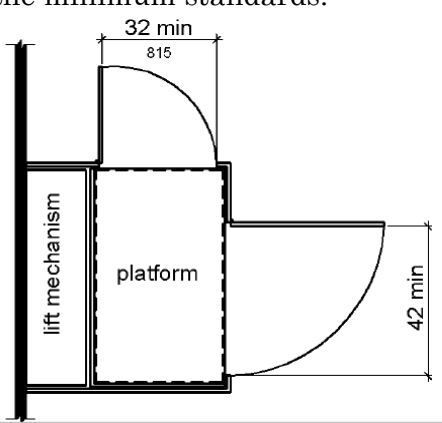


**FORM D: APPENDIX III LIFTS**

**Survey Date:** \_\_\_\_\_

Location Name \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
(street address) (city) (state) (zip)

**Questions** **Possible Solutions**

	Yes	No	▶ ▶	<b>If no, consider making these changes:</b>
1) Can the lift be used without assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assign someone to be readily available to operate the lift for people needing assistance on voting day.
2) Are end doors a minimum of 32 inches and side doors a minimum of 42 inches wide? (See figure at right.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modify the lift so that doors meet the minimum standards.
 <p><b>Minimum width for lift doors and gates</b></p>				
3) Does the lift door remain open for a minimum of 20 seconds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adjust the door mechanism so that the door remains open for at least 20 seconds.
4) Does the floor of the lift have at least 30 by 48 inches of clear space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Alter the lift to provide the required clear floor space. <input type="checkbox"/> Install a larger floor platform.
5) Are lift controls mounted between 15 and 54 inches above the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Move controls to within the reach range.
6) Are lift controls operable with one hand, without tight grasping, pinching, or twisting of the wrist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Provide alternate method of operating lift independently. <input type="checkbox"/> Assign someone to be readily available to operate the lift for people needing assistance on election day.

**Questions**

**Possible Solutions**

	Yes	No	NA	▶	▶	If no, consider making these changes:
7) Are carpeting or mats:			<input type="checkbox"/>			
a) low pile?	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Replace carpeting.
b) tightly woven?	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Place plywood over carpet.
c) securely attached along the edges?	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Secure edges on all sides.
d) no thicker than 1/2 inch?	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> Replace or remove mats.