



This form should be provided with the Access modification application submitted using the [Home/Access Modifications Application form \(D1327\)](#) with other supporting documents as outlined in Part K.

Client Name: _____ DVA Card No: _____

Date of this document: _____

Has a joint site visit taken place with the building contractor? ☐ Yes ☐ No

If yes, date of site visit: _____

Persons present at site visit: _____

General Description of Proposed Modifications

Brand and Model of Stair lift): _____

Stair lift to be installed at the:

☐ Front access ☐ Rear access ☐ Side access ☐ Internal stairs

Please tick all relevant items required for this modification.

Occupational Therapist's recommendations for installation of a stair lift		Comments
<u>Stair structure</u> The contractor has confirmed the existing landing and stairs are structurally suitable and safe for installation of a stair lift and are not in need of repair <u>prior</u> to installation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>Note: As per the RAP National Guidelines, complex modifications are only carried out when the residence is structurally sound. DVA does not fund repairs as they are considered to be the responsibility of the home owner.</i>		
<u>Position of stair lift</u> Side of stairs has been determined: <input type="checkbox"/> Right hand side ascending <input type="checkbox"/> Left hand side ascending	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Configuration of stair lift rail</u> Rail configuration has been determined: <input type="checkbox"/> Straight rail <input type="checkbox"/> Curved rail	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Recommendations for installation of a stair lift		Comments
Additional stair lift rail features being prescribed <input type="checkbox"/> Curved parking position at top <input type="checkbox"/> Curved parking position at bottom <input type="checkbox"/> Hinged rail (automatic or manual – please note in comments if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Controls Position of armrest control <input type="checkbox"/> Right <input type="checkbox"/> Left <i>Note: All stair lifts should have a control on the armrest and 2 wireless remote controls</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Seat style Seat style has been determined: <input type="checkbox"/> Standard <input type="checkbox"/> Cut away <input type="checkbox"/> Perching	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – platform required	
Seat height Seat height above the footplate specified: _____ mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Waterproof cover A waterproof cover is being provided <i>Note: All external stair lifts should have a waterproof cover</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Additional features that have been prescribed <input type="checkbox"/> Powered seat swivel <input type="checkbox"/> Powered footplate <input type="checkbox"/> Manual footplate lifting lever <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Extra building works Removal of a handrail is required <input type="checkbox"/> Right hand side ascending <input type="checkbox"/> Left hand side ascending	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Solid sheeting along shear points &/or balustrading to prevent entrapment is required <i>Note: Flushing behind stair lift to comply with AS1735.7-1998</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Extension of sheeting with additional bollard at base of stairs is required to eliminate trip or shear hazards Length of extension to be _____mm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Recommendations for installation of a stair lift		Comments
Installation of a dedicated GPO required	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other building work required, as follows: _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Access along stairway The following clearances have been checked: <input type="checkbox"/> 300 mm minimum horizontal clearance between folded stair lift and any obstruction on the opposite side of the stair way <input type="checkbox"/> 50 mm minimum horizontal clearance between unfolded stair lift and any obstruction on the opposite side of the stair way <input type="checkbox"/> 75 mm minimum clearance between the gripping surface of the armrest and fixed parts of the stairway or building for every position along its path of travel <input type="checkbox"/> <i>End person clearance:</i> Minimum of 300 mm clearance at each end of travel with the carriage resting against it fully compressed buffer/stop and any fixed obstruction in the direction of travel for a width of not less than 600 mm <input type="checkbox"/> <i>Head clearance:</i> Minimum of 1700* mm from footrest for every position of the carriage along its path of travel (seated stairlifts) <i>* or 1850 mm for standing stair lift or platform stair lift at the leading edge and 2000 mm at the centre</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	



General <i>It has been discussed with the client and builder that all work is to be carried out in accordance with any relevant Building Codes, Local Authority Regulations and Australian Standards. The builder is responsible for ensuring that Codes, Regulations or Australian Standards are being met. It is the builder's responsibility to verify all dimensions before work commences</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
All building and electrical works required for the stair lift to comply with AS1735.7 should be completed prior to the commissioning of the lift (including any required sheeting, installation of lighting and removal of any hazards such as handrails/screen doors)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the client been advised of their ongoing responsibilities in terms of care and maintenance schedule for the stair lift?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Diagrams* including measurements attached (please attach and tick). ☐ Yes ☐ No

** Please provide a diagram that indicates the proposed stair lift rail position including measurements such as how far it will extend onto the top landing area and beyond the bottom step at lower landing level. Please also include information regarding sheeting position, and if this extends past the staircase, as well as any other work.*

[Authority to Install \(D1323\)](#) attached which reflects the final recommendations ☐ Yes ☐ No

OT Signature: _____ Contact Number: _____

OT Name: _____ Contact Email: _____