



This form should be provided with the ramp 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 visit: _____

Persons present at site visit: _____

General Description of Proposed Modifications

Ramp to be installed at the:

☐ Front access ☐ Rear access ☐ Side access ☐ Other: _____

Please tick all relevant items required for this modification.

Occupational Therapist's recommendations for major modification – ramp		Comments
<u>Building material</u> Building material has been determined: <input type="checkbox"/> Timber <input type="checkbox"/> Composite timber (Modwood, etc.) <input type="checkbox"/> Concrete <input type="checkbox"/> Demountable (AL26 code) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>General OT recommendations for demolition</u> Existing stairs to be retained <i>Note: Ramps are generally installed over existing steps</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Existing stair railings to be removed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<u>Other</u> Additional work is required to ready site for ramp installation e.g. removal of garden beds, etc. If yes, please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Occupational Therapist's recommendations for major modification – ramp		Comments
<u>Landings</u> The ramp has a landing at the top and the bottom	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
The transition between all inclines and landings allow for a front-on/straight approach by the user as per <i>AS1428.1 (2021) – Figure 13 – Angle of approach between ramps and landing.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The ramp has a landing at intervals not greater than 9 metres	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Construct an <i>upper landing</i> , level with the existing building structure i.e. no steps/lips	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Upper landing dimensions comply with <i>AS 1428.1 (2021) - Figures 31 & 32 – Circulation spaces at doorways</i> Doorway clear opening: _____ mm Direction of approach to doorway from ramp: <input type="checkbox"/> Hinge-side <input type="checkbox"/> Latch-side <input type="checkbox"/> Front approach Top landing to be _____ mm length x _____ mm width	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A <i>mid-landing</i> is required <ul style="list-style-type: none"> ▪ If no change in direction, the length to be not less than 1200mm ▪ For a 90° change in direction, the dimensions to be not less than 1500mm x 1500mm (the internal corner can be truncated) ▪ For a 180° change in direction, the dimensions to comply with <i>AS 1428.1 (2021) - Figures 25 (C)</i> Mid-landing to be _____ mm length x _____ mm width	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The ramp finishes on a new concrete <i>lower landing</i> pad, 1200mm in length x width of ramp Lower landing to be _____ mm length x _____ mm width There should be no steps or changes in level greater than 3 mm between the pad and surrounding surfaces/materials (or 5 mm with a bevelled/rounded edge)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



Occupational Therapist's recommendations for major modification – ramp		Comments
<u>Ramps</u> The gradient of ramped sections to be 1:14 if total rise is above 190mm	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The gradient of ramped sections to be constant throughout its length	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ramp(s) to be 1200 mm wide, with a clear width of 1000mm between the handrails	<input type="checkbox"/> Yes <input type="checkbox"/> No	
For ramps terminating at a property boundary, the ramp to be set back by a minimum of 900mm so that the handrail and any works do not protrude beyond the property boundary	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>Note: As per RAP National Guidelines, DVA does not supply or install modifications for use on shared access routes and DVA does not provide modifications on council owned land.</i>		
Upper ramp Upper ramp length to be _____ mm	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Lower ramp Lower ramp length to be _____ mm	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	
There is a minimum 2000 mm vertical clearance above the full length of the landing(s) and ramp(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Railings</u> Landing and ramps to have bilateral handrails at 865mm-1000mm above the finished walkway surface Railing height to be _____ mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Any landing/ramp section with a fall of over 1000mm to ground level will have handrails of not less than 1000 mm above the landing level with balustrading infill	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Handrails to allow a continuous hand hold, and to extend 300mm past the end of the ramp, turning handrail through a total of 180° or return fully to end post or wall face	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	



Kerbs Landing and ramps to have bilateral kerbs, at least 65mm high and not more than 75mm high, above the finished walkway surface, except for any section flush against house Kerb height to be _____ mm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Slip resistance Have you considered the landing and ramp must have a slip and weather resistant finish, with a minimum slip resistant classification of P3-R10 (dry surface) or P4-R12 (wet surface) as per AS4586 - 2013 (ABCB Advisory Note -2020)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Crossfall The crossfall for landing, ramps and paths/walkways should be no steeper than 1:40	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Path A path is required at the base of the ramp If yes, include <i>Path Extension/Widening - OT Guidance</i> document. Additional <i>Path Extension /Widening – OT Guidance</i> document attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>Note: As per RAP National Guidelines, a new path is only funded by DVA when it connects a new DVA funded ramp to the closest hard surface for safe and continual access/egress.</i>		
A separate itemised list for client funded items has been provided	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
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	
Has the client been advised of their ongoing responsibilities in terms of maintenance of the ramp, and as outlined below?	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Note: Where the client no longer requires a ramp, this will remain as a fixture in the premises and DVA will not restore the property to its former state or fund ongoing maintenance costs. Once completed a ramp becomes part of the home owner's property. As such, DVA is not responsible for maintaining the ramp, such as re-oiling, keeping nails flush with ramp surface, removal of moss or repainting ramps, etc.

Diagrams with measurements attached (please attach and tick)

☐ Yes

☐ No

[Authority to Install \(D1323\)](#) attached which reflects the final recommendations ☐ Yes

☐ No

OT Signature: _____

Contact Number: _____

OT Name: _____

Contact Email: _____