

# Curb Ramp Form

## 2010 ADA Standards

DATE SURVEYED \_\_\_\_\_

FACILITY # \_\_\_\_\_

CITY / STATE \_\_\_\_\_

JOB # \_\_\_\_\_

DESCRIPTION \_\_\_\_\_

DRAWING NAME \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

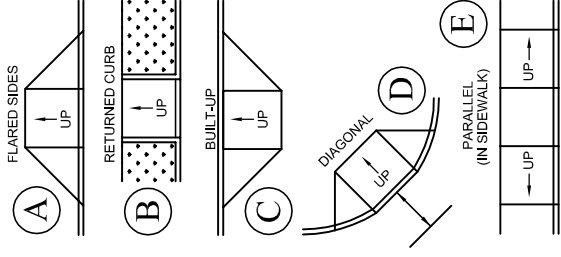
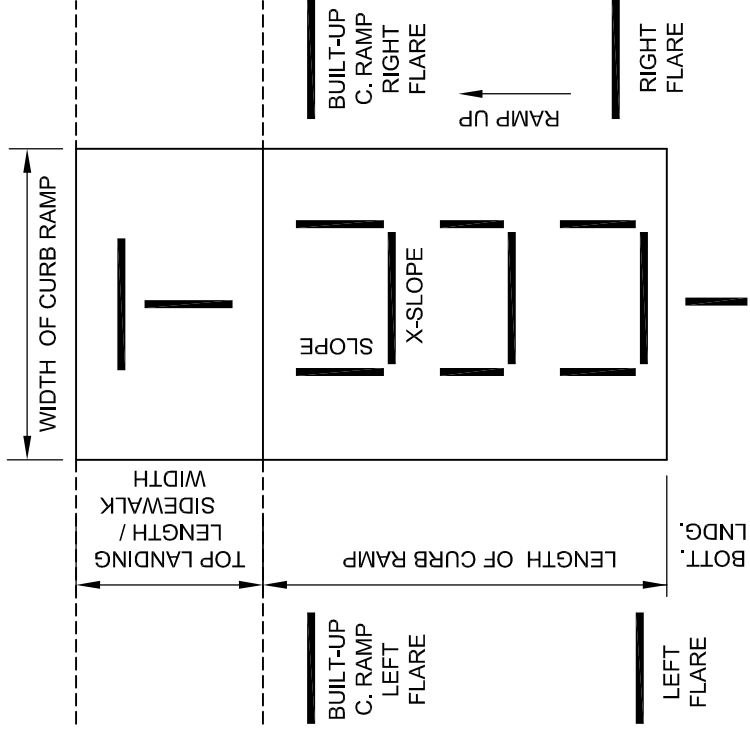
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OVERALL PHOTOS FOR THIS LOCATION

**F** (OTHER - SKETCH)

**Curb Ramp Configuration Types - Select one** \_\_\_\_\_

(SKETCH LOCATION OF DETECTABLE WARNINGS, IF ANY)