

| Name of Client | Typical Review Types | | | Notes on Included Scope of Services |
|---|----------------------|---|---|-------------------------------------|
| | A | B | C | |
| ADA Plan Review Scope Definition | | | | |
| 1 General Information | | | | |
| 2 Name of Architectural Firm(s) involved in design | A | B | C | |
| 3 Is this a Prototype? | ? | ? | ? | |
| 4 Standards and Laws | | | | |
| 5 Standards to be used | | | | |
| 6 ADA | A | B | C | |
| 7 UFAS | ? | ? | ? | |
| 8 State | ? | ? | ? | |
| 9 OSHPD (California) | ? | ? | ? | |
| 10 Program Access issues for 504 compliance | ? | ? | ? | |
| 11 Construction Tolerances | ? | ? | ? | |
| 12 Facility Information | | | | |
| 13 Building Type | A | B | C | |
| 14 Medical | ? | ? | ? | |
| 15 Hotel | ? | ? | ? | |
| 16 Restaurant | ? | ? | ? | |
| 17 Retail Store | ? | ? | ? | |
| 18 Other: | ? | ? | ? | |
| 19 Total Gross Square Footage | ? | ? | ? | |
| 20 Site: Acres | ? | ? | ? | |
| 21 Parking | ? | ? | ? | |
| 22 Deck | ? | ? | ? | |
| 23 Number of Lots | ? | ? | ? | |
| 24 Total Number of Spaces | ? | ? | ? | |
| 25 Entrances | ? | ? | ? | |
| 26 Total | ? | ? | ? | |
| 27 Number Accessible | ? | ? | ? | |
| 28 Other Exterior Issues: | ? | ? | ? | |
| 29 Historical Considerations | ? | ? | ? | |
| 30 Review Schedule | | | | |
| 31 Schematic Design Documents | ? | ? | ? | |
| 32 Design Development Documents | ? | ? | ? | |
| 33 Construction Documents | ? | ? | ? | |
| 34 Selected Drawings | ? | ? | ? | |
| 35 Specifications | ? | ? | ? | |
| 36 On-site Survey(s) During Construction | ? | ? | ? | |
| 37 Markings on Drawings | | | | |
| 38 Which barriers to mark on Drawings: | | | | |
| 39 Sample occurrences of each barrier type | A | - | - | |
| 40 Every occurrence of any barrier | - | B | C | |
| 41 Information about each Barrier marked on drawings | | | | |
| 42 Reference Section from the Relevant Standards | A | B | C | |
| 43 Figure # from the Relevant Standards | A | B | C | |
| 44 Words describing typical existing conditions/barriers at examples | - | B | - | |
| 45 Words describing every existing condition/barrier | - | - | C | |
| 46 Possible Solution | | | | |
| 47 Sketches of Possible Solutions | | | | |
| 48 Notes to Verify Uncertain Conditions | A | B | C | |
| 49 Report Options | | | | |
| 50 One or two page quick response letter | A | - | - | |
| 51 Letter review of types of barriers identified w/ limited examples | - | B | - | |
| 52 Comprehensive Listing of all barriers | - | - | C | |
| 53 Excel Spreadsheet | - | - | C | |
| 54 Every Occurrence | - | - | C | |
| 55 Single Example of each Type of Barrier | A | B | - | |
| 56 Listing of Items NOT Identified due to Insufficient Information | | | | |
| 57 By Type | - | - | C | |
| 58 By Example | - | - | C | |
| 59 By Individual Survey Forms | - | - | C | |
| 60 Executive Summary of Findings | A | B | C | |
| 61 Travel to Present Report to Client & Design Team & Discuss Review | ? | ? | ? | |
| 62 Other Services | | | | |
| 63 Consulting | ? | ? | ? | |
| 64 Design Services | ? | ? | ? | |
| 65 Surveys of Existing Facilities | ? | ? | ? | |
| 66 Prior to Plan Review if Alterations | ? | ? | ? | |
| 67 During or After Construction Phase | ? | ? | ? | |
| 68 Related Facilities | ? | ? | ? | |
| 69 | | | | |
| Key | | | | |
| A (Letter designator) Type of Plan Review where service is typically included | | | | |
| ? Project Specific Decisions | | | | |