



Ward

Voting Place Inspections

Inspection Date	Inspected By	Estimated Number of Electors (2022 data)	Furniture Requirements
			___ Tables ___ Chairs

1. GENERAL

<input type="checkbox"/> Apartment	<input type="checkbox"/> High School	<input type="checkbox"/> Public School	<input type="checkbox"/> Town Owned	<input type="checkbox"/> Seniors	<input type="checkbox"/> Library	<input type="checkbox"/> Church
<input type="checkbox"/> Condominium	<input type="checkbox"/> Catholic School	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Hospital	<input type="checkbox"/> Church	<input type="checkbox"/> Other <i>(specify)</i>	

Building Name		Photo Numbers/ID	
Building Address <i>(please verify that it is the same as on contract)</i>		Voting Room Name	
Corporation/Owner Name, Contact Name and Address <i>(where contract should be mailed)</i>		Voting Room Dimensions	
Corporation/Owner/Head Office Phone: _____ Fax: _____			
On-Site contact person	Phone	Cell	email
Election Day contact person	Phone	Cell	email
After Hours contact person	Phone	Cell	email

2. NURSING HOMES/HOSPITALS (LONG TERM/CHRONIC CARE FACILITIES)

No. of beds	No. of residents	No. of residents with mobility restrictions	Require Bed to Bed	Reduced Voting Hrs	Enumeration

3. RESIDENTIAL BUILDINGS

If required, will non-residents have access for voting? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of units	Other addresses that are part of this complex and should vote here
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4. TELEPHONE and ELECTRICAL OUTLETS

Phone access available on Election Day <i>(for emergencies and results)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Phone location</i> 	Closest analog phone jack to voting machine is located
Working Electrical Outlets Available in Voting Room <input type="checkbox"/> Yes <input type="checkbox"/> No – Where is the closest outlet?		

5. COMMENTS AND GENERAL OBSERVATIONS:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this location suitable as a voting location? <i>(Please explain)</i>
<input type="checkbox"/> No <input type="checkbox"/> Yes	Is there any planned construction/closure of the facility prior to October 26, 2026? <i>(Please explain)</i>

6. ACCESSIBILITY FEATURES

Transportation		
Is the name and address visible from the street? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a pedestrian crosswalk close by? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is accessible parking available for visitors? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parking		
Is accessible parking available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of designated accessible parking spots?	Number of staff spaces?
Are curb cuts provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is parking space firm and level? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it well lit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the space large enough to meet the needs of a visitor who uses a van equipped with wheelchair lift? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are accessible parking spaces clearly marked? <input type="checkbox"/> Yes <input type="checkbox"/> No	On-street parking available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Accessible Route of Travel		
Is the route to the entrance accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the route of travel require a temporary ramp to make it accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Building		
Is the entrance accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the entrance door easy to open? (Can it be opened with a closed fist?) <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the doorway wide enough for a person using a wheelchair or scooter to pass through? <input type="checkbox"/> Yes <input type="checkbox"/> No



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Does the interior space provide a clear path of travel without obstructions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there level access from the entrance to the voting area? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are the floor finishes safe? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are corridors spacious enough for a wheelchair or scooter to pass through comfortably? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are additional signs required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of stairs and/or ramp(s) at this location
Washrooms		
Are there accessible barrier free washrooms? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are they available to the general public? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		
Is a Customer Service Clerk (CSC) required to assist disabled electors to the disabled entrance? (e.g. elevator operation) or due to other extenuating circumstances? <input type="checkbox"/> Yes – Please describe <input type="checkbox"/> No	If yes, please explain	

7. VOTING LOCATION IN BUILDING

Designated Entrance for Voting	Furniture <input type="checkbox"/> Yes - they can supply _____ tables and _____ chairs. <input type="checkbox"/> No - no furniture available	
Washroom available for use by election staff <input type="checkbox"/> Yes Location: _____ <input type="checkbox"/> No Explain: _____ Is there a key required for staff bathroom - yes/no	# of parking spots available _____ Accessible with Sign _____ Regular	Lighting <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor



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Voting Room Location: *(sketch – including most suitable entrance(s) for electors and disabled electors)*