



NAME:	ADDRESS:	PH. No:	CIVI:

Works Request

Bathroom**Date:****Location:** Main bathroom Ensuite Other: **Wall Type:** Stud Solid Uncertain **Photograph:** Taken with client's permission **Specifications:**

Supply and install a vertical grab rail on Wall _____ of shower recess.

Grab rail to be minimum of _____ mm in length.

Lowest fixing point to be _____ mm above finished floor surface and _____ mm from corner _____.

Other specifications (*Material, colour, diameter, client's weight if over 100kg, HHSH, taps*):

Grab rails must be secured to studs. If technical difficulties arise or the client wishes to alter specifications please contact the OT prior to commencing work.

Occupational Therapist, Scope Home Access

| Scope Home Access |

| Head office, Information and Display Centre: 3 Hamilton Street Dapto NSW 2530 |

| Services across South-Eastern NSW, the Hunter Region and ACT |

| Phone: 1300 765 887 |