



NAME:	ADDRESS:	PH. No:	CIVI:

Works Request

Location: Front Access Rear Access Other: _____

Date: _____

Photograph: Taken with client's permission

Specifications:

Supply and fit bilateral hand rails to the _____ steps of home.

Bottom fixing points to be:

Top fixing points to be:

Height to be _____ mm from step nosings to top of hand rails. Maintain height throughout course of travel.

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

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 |