NAME:	ADDRESS:		PH. No:	CIVI:

Works Request

Location: Front Access ☐ Rear Access ☐ Other: **Date:**

Photograph: Taken with client's permission ☐

Specifications:

Supply and fit a hand rail to the steps of home.

Position rail on hand side ascending.

Bottom fixing point to be:

Top fixing point to be:

Height to be mm from step nosings to top of hand rail. 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