



ACCESSIBILITY CHECKLIST

EVENT: _____

| № | IN-PERSON EVENT | <input checked="" type="checkbox"/> |
|----|---|-------------------------------------|
| 1 | Ramp or Lift | <input type="checkbox"/> |
| 2 | Ground safe for wheelchairs and mobility aids | <input type="checkbox"/> |
| 3 | Corridors wheelchair accessible | <input type="checkbox"/> |
| 4 | Accessible Doors | <input type="checkbox"/> |
| 5 | Accessible Parking | <input type="checkbox"/> |
| 6 | Clean and usable accessible and gender-neutral bathroom | <input type="checkbox"/> |
| 7 | Sensory room or Quiet space | <input type="checkbox"/> |
| 8 | Microphones for speakers and audience | <input type="checkbox"/> |
| 9 | Signage (Directions) | <input type="checkbox"/> |
| 10 | Seating | <input type="checkbox"/> |
| 11 | Water | <input type="checkbox"/> |
| 12 | Physical copies of important information | <input type="checkbox"/> |
| 13 | Available Masks | <input type="checkbox"/> |
| 14 | Hand sanitiser | <input type="checkbox"/> |
| 15 | Food Labels | <input type="checkbox"/> |
| 16 | Content Warnings | <input type="checkbox"/> |
| 17 | Mental Health first aid training / disclosure training | <input type="checkbox"/> |
| 18 | Sober Reps | <input type="checkbox"/> |
| 19 | Sign Language Interpreter/s | <input type="checkbox"/> |
| 20 | Accessibility Information Communicated | <input type="checkbox"/> |



ACCESSIBILITY CHECKLIST

| № | SOCIAL MEDIA | <input checked="" type="checkbox"/> |
|---|--|-------------------------------------|
| 1 | Accessible Hyperlinks | <input type="checkbox"/> |
| 2 | Captions | <input type="checkbox"/> |
| 3 | Alt Text | <input type="checkbox"/> |
| 4 | Accessible Doors | <input type="checkbox"/> |
| 5 | Trigger Warnings | <input type="checkbox"/> |
| 6 | High colour contrast | <input type="checkbox"/> |
| 7 | Image Description | <input type="checkbox"/> |
| 8 | Legible font and font size | <input type="checkbox"/> |
| 9 | Accessibility Information Communicated | <input type="checkbox"/> |

| № | ZOOM OR DUAL EVENT/MEETING | <input checked="" type="checkbox"/> |
|---|--|-------------------------------------|
| 1 | Event Recording | <input type="checkbox"/> |
| 2 | Captions | <input type="checkbox"/> |
| 3 | Good and clear sound | <input type="checkbox"/> |
| 4 | Screen or Computer | <input type="checkbox"/> |
| 5 | Speaker/s | <input type="checkbox"/> |
| 6 | Microphone/s | <input type="checkbox"/> |
| 7 | Sign Language Interpreter/s | <input type="checkbox"/> |
| 8 | Accessibility Information Communicated | <input type="checkbox"/> |