



COUNTY ADMINISTRATIVE OFFICE  
ADA Compliance Team

**COUNTY OF HUMBOLDT**

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# **ADA Access Barrier Assessment Report**

For

**Humboldt County DHHS**

**605 K St.**

**Eureka, CA 95501**

**Last Updated 12/16/2022**

**Leased**

**Barrier Count: 148**

**Open: 95**

**Closed: 45**

**Exceptions: 6**

**Safe Harbor: 2**

# BARRIER DATA RECORDS

Field Date:  Report Date:  Barrier #:

Facility:

Location:

Official Responsible:

Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

Field Date:  Report Date:  Barrier #:

Facility:

Location:

Official Responsible:

Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

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Field Date:  Report Date:  Barrier #:

Facility:

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Official Responsible:

Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

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Barrier Description:

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Barrier Description:

Code References:

As Built Description:

Proposed Solution:

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Field Date:  Report Date:  Barrier #:   
 Facility:   
 Location:   
 Official Responsible:   
 Consent Decree:  Paragraph:  Dwg:   
 Barrier Area:  Remediation:   
 Barrier Type:



Barrier Description:   
 Code References:   
 As Built Description:   
 Proposed Solution:   
 As-Built Meas:  Quantity:  Cost Estimate:  BSR:   
 X Coordinate:  Y Coordinate:  Z Coordinate:   
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Notes:

Field Date:  Report Date:  Barrier #:   
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 Consent Decree:  Paragraph:  Dwg:   
 Barrier Area:  Remediation:   
 Barrier Type:



Barrier Description:   
 Code References:   
 As Built Description:   
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Field Date:  Report Date:  Barrier #:   
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Barrier Description:

Code References:

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X Coordinate:  Y Coordinate:  Z Coordinate:

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X Coordinate:  Y Coordinate:  Z Coordinate:

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Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

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Field Date:  Report Date:  Barrier #:

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Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

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Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

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Field Date:  Report Date:  Barrier #:

Facility:

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Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

Barrier Type:



Barrier Description:

Code References:

As Built Description:

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As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

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Field Date:  Report Date:  Barrier #:

Facility:

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Official Responsible:

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Barrier Area:  Remediation:

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Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

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Official Responsible:

Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

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X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

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Facility:

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Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

Barrier Removed From This Report and is in the City of Eureka Public Right of Way Report

Field Date:  Report Date:  Barrier #:

Facility:

Location:

Official Responsible:

Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

Field Date:  Report Date:  Barrier #:

Facility:

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Official Responsible:

Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:



Field Date:  Report Date:  Barrier #:

Facility:

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Official Responsible:

Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

Field Date:  Report Date:  Barrier #:

Facility:

Location:

Official Responsible:

Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

Barrier Type:



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Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

Field Date:  Report Date:  Barrier #:   
 Facility:   
 Location:   
 Official Responsible:   
 Consent Decree:  Paragraph:  Dwg:   
 Barrier Area:  Remediation:   
 Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

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Field Date:  Report Date:  Barrier #:   
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 Official Responsible:   
 Consent Decree:  Paragraph:  Dwg:   
 Barrier Area:  Remediation:   
 Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

Field Date:  Report Date:  Barrier #:

Facility:

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Official Responsible:

Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

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X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

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Field Date:  Report Date:  Barrier #:

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Official Responsible:

Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

Field Date:  Report Date:  Barrier #:

Facility:

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Official Responsible:

Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

Field Date:  Report Date:  Barrier #:

Facility:

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Official Responsible:

Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

Field Date: 11/14/2017 Report Date: 1/9/2019 Barrier #: 9D  
 Facility: Humboldt County DHHS - 605 K St, Eureka  
 Location: Lobby 100A  
 Official Responsible: **Property Owner**  
 Consent Decree: No Paragraph: M.51 Dwg: 1 of 1  
 Barrier Area: Counters and Tables Remediation: Required  
 Barrier Type: Counter - Protruding Object



Barrier Description: Counter or table in route of travel protrudes more than 4" above 27" high

Code References: CBC 11B-307 and 2010 ADAS 307

As Built Description: Counter protrudes 12" at 34-1/2" high

Proposed Solution: Provide cane-detectable warning that reaches below 27" high for the visually impaired

As-Built Meas: 1 Quantity: EACH Cost Estimate: \$550.00 BSR: 1 Necessary

X Coordinate: N/A Y Coordinate: N/A Z Coordinate: N/A

Implementation: Priority 2 Phase Date Status Open

Notes:

Field Date: 11/14/2017 Report Date: 1/9/2019 Barrier #: 9E  
 Facility: Humboldt County DHHS - 605 K St, Eureka  
 Location: Lobby 100A  
 Official Responsible: Karen Clower, ADA Coordinator  
 Consent Decree: No Paragraph: M.51 Dwg: 1 of 1  
 Barrier Area: Accessible Route - Interior Remediation: Required  
 Barrier Type: Protruding Object - Wall Mounted Object



Barrier Description: Wall mounted object protrudes more than 4" into accessible route between 27" and 80" high

Code References: CBC 11B-307.2 and 2010 ADAS 307.2

As Built Description: Suggestion box protrudes 6-1/8" at 43-1/2" high

Proposed Solution: Remove object or provide detectable warning (wing walls)

As-Built Meas: 1 Quantity: EACH Cost Estimate: \$550.00 BSR: 1 Necessary

X Coordinate: N/A Y Coordinate: N/A Z Coordinate: N/A

Implementation: Priority 2 Phase Date Status Closed

Notes: Closed 3-15-2021 ADA Compliance Team. Photo in closed barrier folder.

Field Date:  Report Date:  Barrier #:   
 Facility:   
 Location:   
 Official Responsible:   
 Consent Decree:  Paragraph:  Dwg:   
 Barrier Area:  Remediation:   
 Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

Field Date:  Report Date:  Barrier #:   
 Facility:   
 Location:   
 Official Responsible:   
 Consent Decree:  Paragraph:  Dwg:   
 Barrier Area:  Remediation:   
 Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

Field Date:  Report Date:  Barrier #:   
 Facility:   
 Location:   
 Official Responsible:   
 Consent Decree:  Paragraph:  Dwg:   
 Barrier Area:  Remediation:   
 Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

Field Date:  Report Date:  Barrier #:   
 Facility:   
 Location:   
 Official Responsible:   
 Consent Decree:  Paragraph:  Dwg:   
 Barrier Area:  Remediation:   
 Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

Field Date:  Report Date:  Barrier #:

Facility:

Location:

Official Responsible:

Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

Field Date:  Report Date:  Barrier #:

Facility:

Location:

Official Responsible:

Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:



Field Date:  Report Date:  Barrier #:

Facility:

Location:

Official Responsible:

Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation	Priority	Phase	Date	Status	Exception
	2				

Notes:

Field Date:  Report Date:  Barrier #:

Facility:

Location:

Official Responsible:

Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation	Priority	Phase	Date	Status	Exception
	4				Closed

Notes:

Field Date:  Report Date:  Barrier #:   
 Facility:   
 Location:   
 Official Responsible:   
 Consent Decree:  Paragraph:  Dwg:   
 Barrier Area:  Remediation:   
 Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

Field Date:  Report Date:  Barrier #:   
 Facility:   
 Location:   
 Official Responsible:   
 Consent Decree:  Paragraph:  Dwg:   
 Barrier Area:  Remediation:   
 Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

Field Date:  Report Date:  Barrier #:   
 Facility:   
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 Official Responsible:   
 Consent Decree:  Paragraph:  Dwg:   
 Barrier Area:  Remediation:   
 Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

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Field Date:  Report Date:  Barrier #:   
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 Official Responsible:   
 Consent Decree:  Paragraph:  Dwg:   
 Barrier Area:  Remediation:   
 Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

Field Date: 11/14/2017 Report Date: 1/9/2019 Barrier #: 11F  
 Facility: Humboldt County DHHS - 605 K St, Eureka  
 Location: Office 111  
 Official Responsible: **Property Owner**  
 Consent Decree: No Paragraph: M.51 Dwg: 1 of 1  
 Barrier Area: Alarms Remediation: Required  
 Barrier Type: Horn/Strobe - Staff Area



Barrier Description: No horn/strobe in staff areas

Code References: CBC 11B-702.1 and 2010 ADAS 702.1

As Built Description: Device not provided

Proposed Solution: Provide horn/strobe in area where programs, services and activities take place

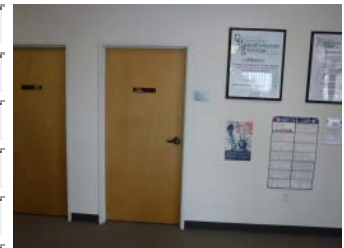
As-Built Meas: 1 Quantity: EACH Cost Estimate: \$5,500.00 BSR: 3 Hindrance

X Coordinate: N/A Y Coordinate: N/A Z Coordinate: N/A

Implementation	Priority	Phase	Date	Status	Exception
	2				

Notes: Exception 1 in CBC 907.5.2.3 and CBC 11B-215.1.

Field Date: 11/14/2017 Report Date: 1/9/2019 Barrier #: 12A  
 Facility: Humboldt County DHHS - 605 K St, Eureka  
 Location: Office 112  
 Official Responsible: Karen Clower, ADA Coordinator  
 Consent Decree: No Paragraph: M.51 Dwg: 1 of 1  
 Barrier Area: Signage Remediation: Required  
 Barrier Type: Room ID Sign - No Tactile Information



Barrier Description: Room ID sign provided for sighted people lacks tactile info for the visually impaired

Code References: CBC 11B-216.2 and 2010 ADAS 216.2

As Built Description: No tactile information provided where visual sign exists

Proposed Solution: Provide room ID sign with tactile information at wall at latch side of door

As-Built Meas: 1 Quantity: EACH Cost Estimate: \$250.00 BSR: 1 Necessary

X Coordinate: N/A Y Coordinate: N/A Z Coordinate: N/A

Implementation	Priority	Phase	Date	Status	Exception
	4			Closed	

Notes: Closed 12-07-2021 ADA Compliance Team. Photo in Closed barrier folder.

Field Date:  Report Date:  Barrier #:

Facility:

Location:

Official Responsible:

Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

Field Date:  Report Date:  Barrier #:

Facility:

Location:

Official Responsible:

Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

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X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

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Facility:

Location:

Official Responsible:

Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

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X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

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Barrier Type:



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Code References:

As Built Description:

Proposed Solution:

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Implementation: Priority  Phase  Date  Status

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Barrier Type:



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Code References:

As Built Description:

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As Built Description:

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Code References:

As Built Description:

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Implementation: Priority  Phase  Date  Status

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As Built Description:

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Implementation: Priority  Phase  Date  Status

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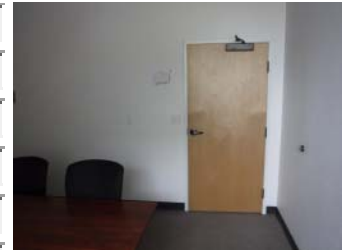
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Implementation: Priority  Phase  Date  Status

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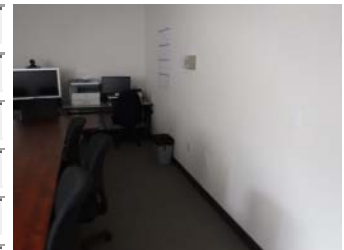
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Implementation: Priority  Phase  Date  Status

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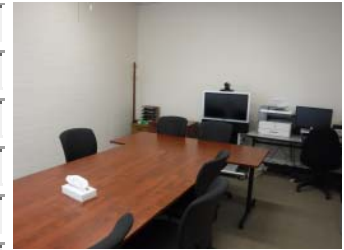
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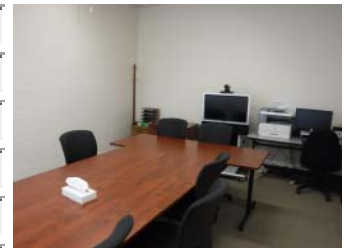
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Implementation: Priority  Phase  Date  Status

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Implementation: Priority  Phase  Date  Status

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Implementation: Priority  Phase  Date  Status

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Code References:

As Built Description:

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Implementation: Priority  Phase  Date  Status

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Code References:

As Built Description:

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Implementation: Priority  Phase  Date  Status

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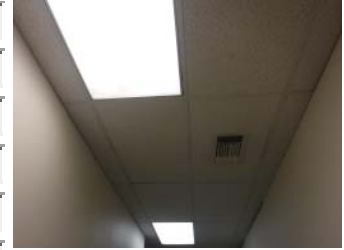
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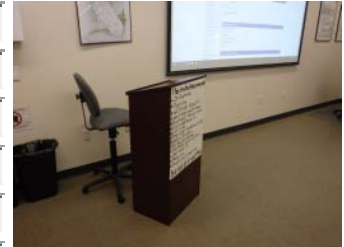
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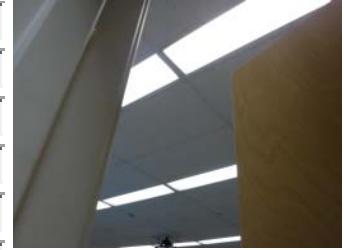
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Implementation: Priority  Phase  Date  Status

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Location:

Official Responsible:

Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

Field Date:  Report Date:  Barrier #:

Facility:

Location:

Official Responsible:

Consent Decree:  Paragraph:  Dwg:

Barrier Area:  Remediation:

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Barrier Description:

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As-Built Meas:  Quantity:  Cost Estimate:  BSR:

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Notes: Closed 12/07/2021 ADA Compliance team. Photo in closed barrier folder.

Field Date:  Report Date:  Barrier #:

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X Coordinate:  Y Coordinate:  Z Coordinate:

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Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

Field Date: 11/14/2017 Report Date: 1/9/2019 Barrier #: 19T  
 Facility: Humboldt County DHHS - 605 K St, Eureka  
 Location: Men's Restroom  
 Official Responsible: **Property Owner**  
 Consent Decree: No Paragraph: M.51 Dwg: 1 of 1  
 Barrier Area: Restrooms Remediation: Required  
 Barrier Type: WC - Side Grab Bar Extension



Barrier Description: Side grab bar does not extend min. 54" from rear wall or 24" from front rim

Code References: CBC 11B-604.5.1 and 2010 ADAS 604.5.1

As Built Description: 53" from rear wall

Proposed Solution: Provide compliant grab bars with required reinforcement

As-Built Meas: 1 Quantity: JOB Cost Estimate: \$1,450.00 BSR: 3 Hindrance

X Coordinate: N/A Y Coordinate: N/A Z Coordinate: N/A

Implementation: Priority 3 Phase Date Status Open

Notes:

Field Date: 11/14/2017 Report Date: 1/9/2019 Barrier #: 19U  
 Facility: Humboldt County DHHS - 605 K St, Eureka  
 Location: Men's Restroom  
 Official Responsible: Karen Clower, ADA Coordinator  
 Consent Decree: No Paragraph: M.51 Dwg: 1 of 1  
 Barrier Area: Restrooms Remediation: Required  
 Barrier Type: Toilet Paper Dispenser - Above Grab Bar



Barrier Description: Toilet tissue dispenser mounted above the grab bar within 12" of bar

Code References: CBC 11B-604.5 & 609.3 and 2010 ADAS 604.5 & 609.3

As Built Description: 7-1/2" above grab bar

Proposed Solution: Reposition or replace toilet paper dispenser

As-Built Meas: 1 Quantity: EACH Cost Estimate: \$225.00 BSR: 2 Recommended

X Coordinate: N/A Y Coordinate: N/A Z Coordinate: N/A

Implementation: Priority 3 Phase Date Status Open

Notes:

Field Date:  Report Date:  Barrier #:   
 Facility:   
 Location:   
 Official Responsible:   
 Consent Decree:  Paragraph:  Dwg:   
 Barrier Area:  Remediation:   
 Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

Field Date:  Report Date:  Barrier #:   
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Barrier Description:

Code References:

As Built Description:

Proposed Solution:

As-Built Meas:  Quantity:  Cost Estimate:  BSR:

X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:



Field Date:  Report Date:  Barrier #:   
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 Barrier Type:



Barrier Description:   
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 As Built Description:   
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 As-Built Meas:  Quantity:  Cost Estimate:  BSR:   
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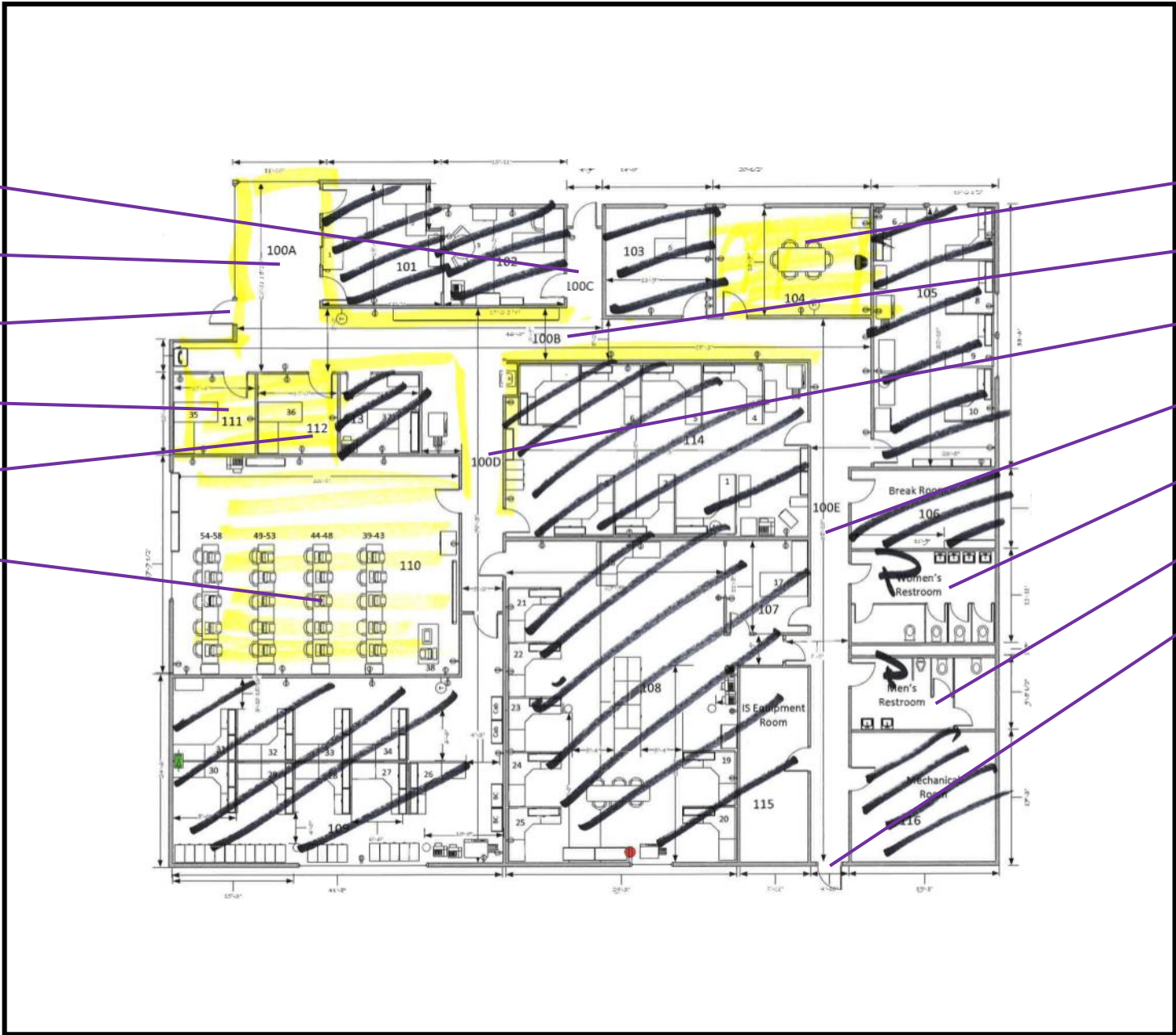
X Coordinate:  Y Coordinate:  Z Coordinate:

Implementation: Priority  Phase  Date  Status

Notes:

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