



COUNTY ADMINISTRATIVE OFFICE

ADA Compliance Team

COUNTY OF HUMBOLDT

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ADA Access Barrier Assessment Report

For

Transitional Age Youth (TAY)

433 M Street

Eureka, CA 95501

Last Updated 05/31/2022

Leased

Barrier Count: 165

Open:114

Closed:31

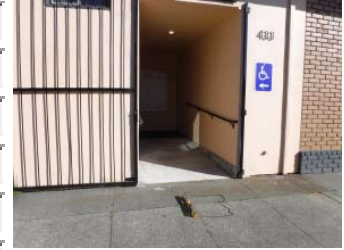
Program Access:0

Safe Harbor:11

Exceptions: 10

BARRIER DATA RECORDS

Field Date: 11/6/2017 Report Date: 10/4/2018 Barrier #: 1A
 Facility: 433 M Street, Eureka
 Location: Exterior - Main Entrance
 Official Responsible: Karen Clower, ADA Coordinator
 Consent Decree: No Paragraph: M.51 Dwg: N/A
 Barrier Area: Signage Remediation: Required
 Barrier Type: Room ID Sign - No Sign



Barrier Description: No room ID sign provided at permanent room or space

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

As Built Description: Facility entrance has no identification for the programs, services or activities provided

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

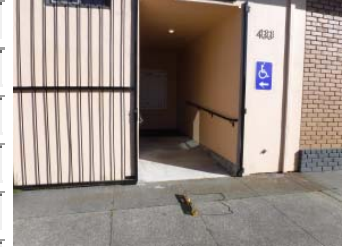
As-Built Meas: 1 Quantity: EACH Cost Estimate: \$250.00 BSR: 1 Necessary

X Coordinate: -124.158335980027 Y Coordinate: 40.8031550142914 Z Coordinate: 12.56481

Implementation: Priority 4 Phase Date Status Open

Notes:

Field Date: 11/6/2017 Report Date: 10/4/2018 Barrier #: 1B
 Facility: 433 M Street, Eureka
 Location: Exterior - Main Entrance
 Official Responsible: **Property Owner**
 Consent Decree: No Paragraph: M.51 Dwg: N/A
 Barrier Area: Ramps Remediation: Required
 Barrier Type: Ramp Landing Slope (2.1% to 3.0%)



Barrier Description: Landing is not max. 2.0% in all directions

Code References: CBC 11B-405.7.1 and 2010 ADAS 405.7.1

As Built Description: 2.5% slope at bottom landing

Proposed Solution: Demolish existing and construct new landing

As-Built Meas: 6 Quantity: LF Cost Estimate: \$1,200.00 BSR: 4 Low Severity

X Coordinate: -124.158335980027 Y Coordinate: 40.8031550142914 Z Coordinate: 12.56481

Implementation: Priority 1 Phase Date Status Open

Notes: **Property Owner to work with City of Eureka for remediation.**

Field Date: 11/6/2017 Report Date: 10/4/2018 Barrier #: 2A

Facility: 433 M Street, Eureka

Location: Exterior - Main Entrance

Official Responsible: **Property Owner**

Consent Decree: No Paragraph: M.51 Dwg: 1 of 1

Barrier Area: Ramps Remediation: Required

Barrier Type: Handrail Extension - Length

Barrier Description: Handrail extension not min. 12" long beyond the ramp run within the level landing

Code References: CBC 11B-505.10.1 and 2010 ADAS 505.10.1

As Built Description: No bottom extension at both sides of ramp

Proposed Solution: Provide handrail extension at both sides of ramp turned 90 degrees

As-Built Meas: 2 Quantity: LF Cost Estimate: \$450.00 BSR: 3 Hindrance

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

Implementation: Priority 1 Phase Date Status Open

Notes: **Property owner to work with the City of Eureka for handrail determination.**



Field Date: 11/6/2017 Report Date: 10/4/2018 Barrier #: 2B

Facility: 433 M Street, Eureka

Location: Exterior - Main Entrance

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 Sign

Barrier Description: No room ID sign provided at permanent room or space

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

As Built Description: Entrance door lacks tactile identification

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 4 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 #:
 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: 11/7/2017 Report Date: 10/4/2018 Barrier #: 4

Facility: 433 M Street, Eureka

Location: Exterior - Parking Lot

Official Responsible: **Property Owner**

Consent Decree: No Paragraph: M.51 Dwg: N/A

Barrier Area: Doors or Gates Remediation: Required

Barrier Type: Door/Gate Landing - Slope 2.1% to 3.0%

Barrier Description: Door/Gate landing is not level on both sides of door (2.1% to 3.0%)

Code References: CBC 11B-404.2.4.4 and 2010 ADAS 404.2.4.4

As Built Description: 3.0% door landing slope

Proposed Solution: Demolish and reconstruct level landing

As-Built Meas: 20 Quantity: SF Cost Estimate: \$2,500.00 BSR: 4 Low Severity

X Coordinate: -124.158017 Y Coordinate: 40.803132 Z Coordinate: 12.906693

Implementation: Priority 1 Phase Date Status Open

Notes:



Field Date: 11/7/2017 Report Date: 10/4/2018 Barrier #: 5A

Facility: 433 M Street, Eureka

Location: Exterior - Parking Lot

Official Responsible: **Property Owner**

Consent Decree: No Paragraph: M.51 Dwg: N/A

Barrier Area: Parking Remediation: Required

Barrier Type: Tow-Away Sign - Contact Info

Barrier Description: Tow-away sign lacks required contact info

Code References: CBC 11B-502.8.2

As Built Description: Sign does not comply

Proposed Solution: Add contact information to existing sign

As-Built Meas: 1 Quantity: EACH Cost Estimate: \$75.00 BSR: 3 Hindrance

X Coordinate: -124.158021 Y Coordinate: 40.803168 Z Coordinate: 12.362214

Implementation: Priority 1 Phase Date Status Open

Notes: 18 total stalls with one van accessible stall



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: 11/8/2017 Report Date: 10/4/2018 Barrier #: 6B
 Facility: 433 M Street, Eureka
 Location: Entry Lobby 100C
 Official Responsible: **Property Owner**
 Consent Decree: No Paragraph: M.51 Dwg: 1 of 1
 Barrier Area: Doors or Gates Remediation: Required
 Barrier Type: Door Closer - Exterior Adjustment



Barrier Description: Door opening force exceeds 5 lbf

Code References: CBC 11B-404.2.9

As Built Description: 8 lbf

Proposed Solution: Replace or adjust existing closer

As-Built Meas: 1 Quantity: EACH Cost Estimate: \$450.00 BSR: 1 Necessary

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

Implementation: Priority 1 Phase Date Status Open

Notes:

Field Date: 11/8/2017 Report Date: 10/4/2018 Barrier #: 6C
 Facility: 433 M Street, Eureka
 Location: Entry Lobby 100C
 Official Responsible: Karen Clower, ADA Coordinator
 Consent Decree: No Paragraph: M.51 Dwg: 1 of 1
 Barrier Area: Doors or Gates Remediation: Required
 Barrier Type: Maneuvering Cl - Stored Items



Barrier Description: Door/Gate lacks required maneuvering clearance

Code References: CBC Figure 11B-404.2.4.1 and 2010 ADAS 404.2.4.1

As Built Description: Office desk reduces maneuvering clearance to 5-1/2" strike edge clearance at push side.

Proposed Solution: Remove desk to provide required maneuvering clearance at exit side of main entry door.

As-Built Meas: 1 Quantity: EACH Cost Estimate: \$125.00 BSR: 1 Necessary

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

Implementation: Priority 1 Phase Date Status Closed

Notes: Closed per ADA Compliance team on 5/2/2022. 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: 11/8/2017 Report Date: 10/4/2018 Barrier #: 6F

Facility: 433 M Street, Eureka

Location: Entry Lobby 100C

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: Monitor protrudes 8-1/2" at 49-1/2" high

Proposed Solution: Remove object or provide detectable warning

As-Built Meas: 1 Quantity: JOB 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 per ADA Compliance Team on 5/2/2022. Photo in closed barrier folder.



Field Date: 11/8/2017 Report Date: 10/4/2018 Barrier #: 6G

Facility: 433 M Street, Eureka

Location: Entry Lobby 100C

Official Responsible: Karen Clower, ADA Coordinator

Consent Decree: No Paragraph: M.51 Dwg: 1 of 1

Barrier Area: Controls and Mechanisms Remediation: Required

Barrier Type: Electrical Outlets - Clear Floor Space (Stored Items)

Barrier Description: Clear floor space for wheelchair not provided at electrical outlet

Code References: CBC 11B-305.3 and 2010 ADAS 305.3

As Built Description: Whiteboard stand blocks accessible route to pool que rack and blocks clear floor space at electrical outlet

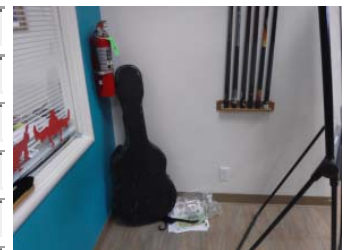
Proposed Solution: Move stored items

As-Built Meas: 1 Quantity: JOB Cost Estimate: \$0.00 BSR: 1 Necessary

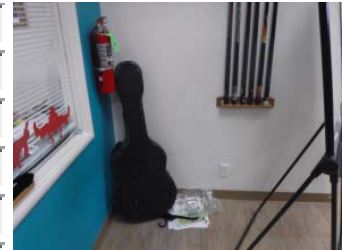
X Coordinate: N/A Y Coordinate: N/A Z Coordinate: N/A

Implementation: Priority 2 Phase Date Status Closed

Notes: Closed per ADA Compliance team on 5/2/2022. Photo in closed barrier folder.



Field Date: 11/8/2017 Report Date: 10/4/2018 Barrier #: 6H
 Facility: 433 M Street, Eureka
 Location: Entry Lobby 100C
 Official Responsible: Karen Clower, ADA Coordinator
 Consent Decree: No Paragraph: M.51 Dwg: 1 of 1
 Barrier Area: Alarms Remediation: Required
 Barrier Type: Fire Extinguisher - Clear Floor Space



Barrier Description: Fire extinguisher or cabinet has no clear floor space

Code References: CBC 11B-309.2.2 and 2010 ADAS 309.2.2

As Built Description: Stored items block fire extinguisher clear floor space

Proposed Solution: Remove stored objects or relocate

As-Built Meas: 1 Quantity: JOB Cost Estimate: \$1,500.00 BSR: 1 Necessary

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

Implementation: Priority 2 Phase Date Status Closed

Notes: Closed per ADA Compliance team on 5/2/2022. Photo in closed barrier folder.

Field Date: 11/8/2017 Report Date: 10/4/2018 Barrier #: 6I
 Facility: 433 M Street, Eureka
 Location: Entry Lobby 100C
 Official Responsible: **Property Owner**
 Consent Decree: No Paragraph: M.51 Dwg: 1 of 1
 Barrier Area: Alarms Remediation: N/A
 Barrier Type: Fire Extinguisher - Side Reach High (Safe Harbor)



Barrier Description: Fire extinguisher operable part at max. 54" high

Code References: ADA Title II, Subpart D, § 35.150 Existing facilities § 35.150(b)(2)(i)

As Built Description: 54" high

Proposed Solution: No remediation required. Operable part complied with prior code and is granted safe harbor

As-Built Meas: 1 Quantity: EACH Cost Estimate: \$0.00 BSR: 3 Hindrance

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

Implementation: Priority 2 Phase Date Status Safe Harbor

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: 11/8/2017 Report Date: 10/4/2018 Barrier #: 7C
 Facility: 433 M Street, Eureka
 Location: Corridor 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: Hand sanitizer protrudes 4-1/2" at 50-1/4" high

Proposed Solution: Remove object or provide detectable warning

As-Built Meas: 0 Quantity: JOB Cost Estimate: \$0.00 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: 11/8/2017 Report Date: 10/4/2018 Barrier #: 7D
 Facility: 433 M Street, Eureka
 Location: Corridor 100A
 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 at door within circulation path

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

As-Built Meas: 3 Quantity: EACH Cost Estimate: \$750.00 BSR: 1 Necessary

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

Implementation: Priority 4 Phase Date Status Closed

Notes: 102 Storage, 103, 104, are not for public use.

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: 11/8/2017 Report Date: 10/4/2018 Barrier #: 7I
 Facility: 433 M Street, Eureka
 Location: Corridor 100A
 Official Responsible: Karen Clower, ADA Coordinator
 Consent Decree: No Paragraph: M.51 Dwg: 1 of 1
 Barrier Area: Clear Floor Space Remediation: Required
 Barrier Type: Protruding Object



Barrier Description: Protruding object in circulation path protrudes more than 4" between 27" and 80" high

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

As Built Description: Television protrudes 5-1/2" at 35" 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 per ADA Compliance Team on 5/2/2022. Photo in closed barrier folder.

Field Date: 11/8/2017 Report Date: 10/4/2018 Barrier #: 7J
 Facility: 433 M Street, Eureka
 Location: Corridor 100A
 Official Responsible: Property Owner
 Consent Decree: No Paragraph: M.51 Dwg: 1 of 1
 Barrier Area: Signage Remediation: Required
 Barrier Type: Tactile Exit Sign - Exit



Barrier Description: Ground floor doors that exit to exterior not provided with signs stating "EXIT"

Code References: CBC 11B-216.4.1 & 11B-703 and 2010 ADAS 216.4.1

As Built Description: No tactile sign provided where required

Proposed Solution: Provide compliant sign at exit 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 4 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 #:
 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

Notes:

Field Date: 11/8/2017 Report Date: 10/4/2018 Barrier #: 7S
 Facility: 433 M Street, Eureka
 Location: Corridor 100A
 Official Responsible: **Property Owner**
 Consent Decree: No Paragraph: M.51 Dwg: 1 of 1
 Barrier Area: Signage Remediation: Required
 Barrier Type: ISA Directional Sign - Non-accessible Entrance



Barrier Description: No ISA directional sign posted indicating location/route to accessible entry

Code References: CBC 11B-216.3 and 2010 ADAS 216.3

As Built Description: No directional sign indicating location of and route to accessible entrance

Proposed Solution: Provide ISA directional sign

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 4 Phase Date Status Open

Notes:

Field Date: 11/8/2017 Report Date: 10/4/2018 Barrier #: 7T
 Facility: 433 M Street, Eureka
 Location: Corridor 100A
 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 Sign



Barrier Description: No room ID sign provided at permanent room or space

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

As Built Description: No sign provided

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 4 Phase Date Status 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: 11/8/2017 Report Date: 10/4/2018 Barrier #: 8C
 Facility: 433 M Street, Eureka
 Location: Office 101
 Official Responsible: Karen Clower, ADA Coordinator
 Consent Decree: No Paragraph: M.51 Dwg: 1 of 1
 Barrier Area: Clear Floor Space Remediation: Required
 Barrier Type: Clear Floor Space - Wheelchair Use (Stored Items)



Barrier Description: Clear floor space of min. 30" by 48" not provided at element required to be accessible

Code References: CBC 11B-305 and 2010 ADAS 305

As Built Description: No wheelchair seating provided where furniture blocks

Proposed Solution: Move stored items at control or mechanism

As-Built Meas: 1 Quantity: JOB Cost Estimate: \$0.00 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: 11/8/2017 Report Date: 10/4/2018 Barrier #: 8D
 Facility: 433 M Street, Eureka
 Location: Office 101
 Official Responsible: Karen Clower, ADA Coordinator
 Consent Decree: No Paragraph: M.51 Dwg: 1 of 1
 Barrier Area: Counters and Tables Remediation: Required
 Barrier Type: Table - Pedestal Base



Barrier Description: Knee clearance of at least 27" high, 30" wide and 19" deep not provided, blocked by pedestal base

Code References: CBC 11B-306.3 & 11B-306.2 and 2010 ADAS 306.3 & 306.2

As Built Description: Pedestal base blocks knee clearance

Proposed Solution: Provide min. 1 accessible table and 5% overall. Avoid pedestal base tables.

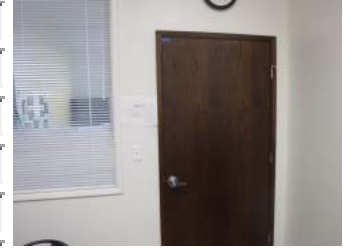
As-Built Meas: 1 Quantity: EACH Cost Estimate: \$450.00 BSR: 2 Recommended

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

Implementation: Priority 2 Phase Date Status Open

Notes:

Field Date: 11/8/2017 Report Date: 10/4/2018 Barrier #: 8E
 Facility: 433 M Street, Eureka
 Location: Office 101
 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

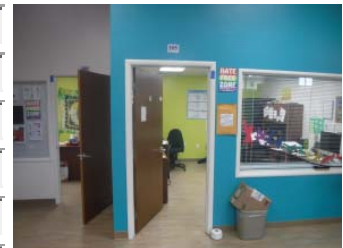
As Built Description: Device not provided
 Proposed Solution: Provide horn/strobe in area where public program, service or activity takes place

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 the exception in CBC 11B-215.1 applies. Horn strobes are not required to be installed where a fire alarm system has not been upgraded or replaced.

Field Date: 11/8/2017 Report Date: 10/4/2018 Barrier #: 9A
 Facility: 433 M Street, Eureka
 Location: Office 105
 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-703.4.2 & 2010 ADAS 703.3

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
	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: 11/8/2017 Report Date: 10/4/2018 Barrier #: 9D
 Facility: 433 M Street, Eureka
 Location: Office 105
 Official Responsible: Karen Clower, ADA Coordinator
 Consent Decree: No Paragraph: M.51 Dwg: 1 of 1
 Barrier Area: Controls and Mechanisms Remediation: Required
 Barrier Type: Electrical Switches - Clear Floor Space



Barrier Description: Clear floor space for wheelchair not provided at light switch control box

Code References: CBC 11B-305.3 and 2010 ADAS 305.3

As Built Description: Stored items block electrical switch clear floor space

Proposed Solution: Alter area to provide wheelchair space at light switch control box

As-Built Meas: 1 Quantity: SF Cost Estimate: \$125.00 BSR: 3 Hindrance

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

Implementation	Priority	Phase	Date	Status	Exception
	2				

Notes: Per County, outlets in room all intended for maintenance and service personnel only. Section 11B 205.1 exception 1 applies.

Field Date: 11/8/2017 Report Date: 10/4/2018 Barrier #: 9E
 Facility: 433 M Street, Eureka
 Location: Office 105
 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 public program, service or activity takes 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 the exception in CBC 11B-215.1 applies. Horn strobes are not required to be installed where a fire alarm system has not been upgraded or replaced.

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: 11/8/2017 Report Date: 10/4/2018 Barrier #: 11C

Facility: 433 M Street, Eureka

Location: Corridor 100D

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: Hand sanitizer protrudes 4-1/2" at 52" - 52-3/4" high

Proposed Solution: Remove object or provide detectable warning

As-Built Meas: 2 Quantity: JOB Cost Estimate: \$1,100.00 BSR: 1 Necessary

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

Implementation	Priority	Phase	Date	Status
	2			Open

Notes:



Field Date: 11/8/2017 Report Date: 10/4/2018 Barrier #: 12A

Facility: 433 M Street, Eureka

Location: Unisex Restroom 107

Official Responsible: Property Owner

Consent Decree: No Paragraph: M.51 Dwg: 1 of 1

Barrier Area: Restrooms Remediation: Required

Barrier Type: Sign - Braille/tactile Information

Barrier Description: No sign with Braille/Tactile information provided to identify restroom

Code References: CBC 11B-216.2 and ADAS 216.2

As Built Description: No tactile information at wall on latch side of door. Dispenser blocks space intended for sign

Proposed Solution: Move dispenser and install required sign adjacent to door on latch side

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
	3			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 #:

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	3	Phase	Date	Status	Closed
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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	3	Phase	Date	Status	Open
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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:

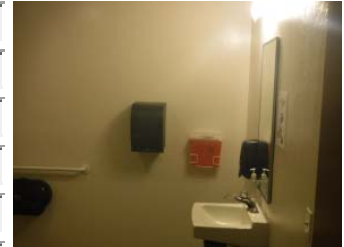
Location:

Official Responsible:

Consent Decree: Paragraph: Dwg:

Barrier Area: Remediation:

Barrier Type:



Barrier Description:

Code References:

As Built Description:

Proposed Solution:

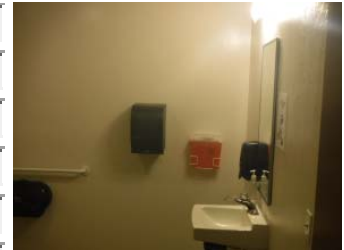
As-Built Meas: Quantity: Cost Estimate: BSR:

X Coordinate: Y Coordinate: Z Coordinate:

Implementation: Priority Phase Date Status

Notes:

Field Date: 11/8/2017 Report Date: 10/4/2018 Barrier #: 12H
 Facility: 433 M Street, Eureka
 Location: Unisex Restroom 107
 Official Responsible: **Property Owner**
 Consent Decree: No Paragraph: M.51 Dwg: 1 of 1
 Barrier Area: Restrooms Remediation: Required
 Barrier Type: Dispensers - Protruding Object



Barrier Description: Dispenser creates protruding object in path of travel

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

As Built Description: Paper towel dispenser protrudes 7" at 43-1/4" high. Sharp dispenser protrudes 5-1/2" at 48-1/4" high

Proposed Solution: Relocate/remount dispenser or provide detectable warning

As-Built Meas: 2 Quantity: EACH Cost Estimate: \$250.00 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: 11/8/2017 Report Date: 10/4/2018 Barrier #: 12I
 Facility: 433 M Street, Eureka
 Location: Unisex Restroom 107
 Official Responsible: **Property Owner**
 Consent Decree: No Paragraph: M.51 Dwg: 1 of 1
 Barrier Area: Restrooms Remediation: Required
 Barrier Type: Toilet Paper Dispenser - Height



Barrier Description: Toilet tissue dispenser outlet not mounted no lower than 19" from floor

Code References: CBC 11B-604.7

As Built Description: 20" high

Proposed Solution: Reposition or replace toilet paper dispenser

As-Built Meas: 1 Quantity: EACH Cost Estimate: \$225.00 BSR: 3 Hindrance

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

Implementation: Priority 3 Phase Date Status 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: 11/8/2017 Report Date: 10/4/2018 Barrier #: 13B

Facility: 433 M Street, Eureka

Location: Unisex Restroom 108

Official Responsible: **Property Owner**

Consent Decree: No Paragraph: M.51 Dwg: 1 of 1

Barrier Area: Restrooms Remediation: Required

Barrier Type: Sign - 12" Circle/triangle with Braille

Barrier Description: 12" geometric door sign incorrectly has raised text or Braille on door sign

Code References: CBC 11B-703.7.2.6

As Built Description: Door sign contains Braille or tactile characters

Proposed Solution: Provide new sign without text raised or Braille

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 3 Phase Date Status Open

Notes:



Field Date: 11/8/2017 Report Date: 10/4/2018 Barrier #: 13C

Facility: 433 M Street, Eureka

Location: Unisex Restroom 108

Official Responsible: **Property Owner**

Consent Decree: No Paragraph: M.51 Dwg: 1 of 1

Barrier Area: Restrooms Remediation: Required

Barrier Type: Sign - Contrast for 12" Circle/Triangle at Unisex Restroom

Barrier Description: Door sign does not contrast with door (dark on light/light on dark)

Code References: CBC 11B-11B-703.7.2.6.1

As Built Description: Blue sign does not contrast with brown door

Proposed Solution: Provide 12" triangle that contrast against 12" circle. Ensure both contrast with door

As-Built Meas: 0 Quantity: EACH Cost Estimate: \$0.00 BSR: 1 Necessary

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 #:
 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

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

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

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:

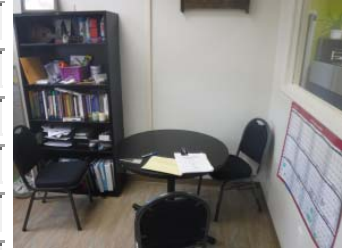
As-Built Meas: Quantity: Cost Estimate: BSR:

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:

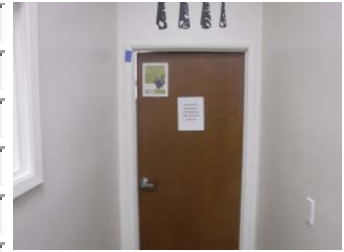
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Consent Decree: Paragraph: Dwg:

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

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:

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Implementation: Priority Phase Date Status

Notes:

Field Date: Report Date: Barrier #:

Facility:

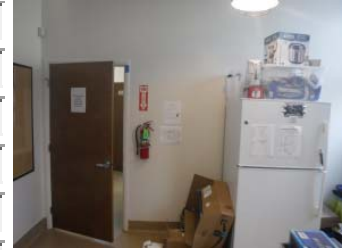
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Consent Decree: Paragraph: Dwg:

Barrier Area: Remediation:

Barrier Type:



Barrier Description:

Code References:

As Built Description:

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

Notes:

Field Date: Report Date: Barrier #:

Facility:

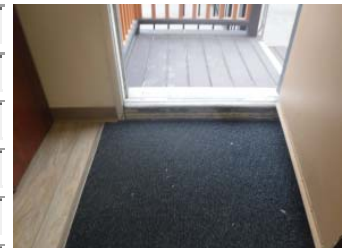
Location:

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:

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Implementation: Priority Phase Date Status

Notes:

Field Date: Report Date: Barrier #:

Facility:

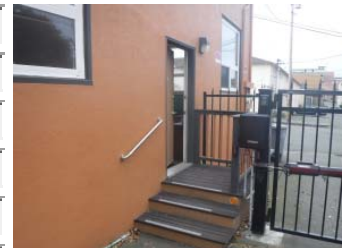
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Consent Decree: Paragraph: Dwg:

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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:

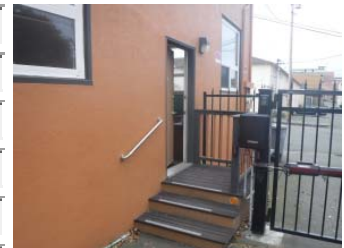
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Consent Decree: Paragraph: Dwg:

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:

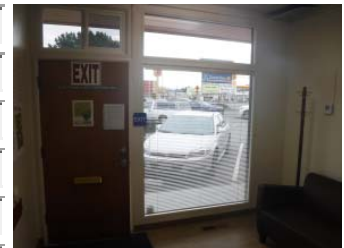
Location:

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

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: 11/8/2017 Report Date: 10/4/2018 Barrier #: 18I
 Facility: 433 M Street, Eureka
 Location: Lobby 120A
 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: Hand sanitizer protrudes 4-1/2" at 51-1/2" high

Proposed Solution: Remove object or provide detectable warning

As-Built Meas: 1 Quantity: JOB 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: 11/8/2017 Report Date: 10/4/2018 Barrier #: 18J
 Facility: 433 M Street, Eureka
 Location: Lobby 120A
 Official Responsible: Karen Clower, ADA Coordinator
 Consent Decree: No Paragraph: M.51 Dwg: 1 of 1
 Barrier Area: Controls and Mechanisms Remediation: Required
 Barrier Type: Operable Part - Side Reach High Unobstructed



Barrier Description: Operable part not at min. 15" or max. 48" high

Code References: CBC 11B-308.3.1 and 2010 ADAS 308.3.1

As Built Description: 61" high opening at pouch for survey sheet drop-off

Proposed Solution: Relocate operable part to min. 15" or max. 48" high

As-Built Meas: 1 Quantity: EACH Cost Estimate: \$750.00 BSR: 3 Hindrance

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

Implementation: Priority 2 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 #:

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

Notes:

Field Date: 11/8/2017 Report Date: 10/4/2018 Barrier #: 20A
 Facility: 433 M Street, Eureka
 Location: Corridor 120B
 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-703.4.2 & 2010 ADAS 703.3

As Built Description: No tactile information provided where visual sign exists at room 126

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 4 Phase Date Status Closed

Notes:

Field Date: 11/8/2017 Report Date: 10/4/2018 Barrier #: 20B
 Facility: 433 M Street, Eureka
 Location: Corridor 120B
 Official Responsible: Property Owner
 Consent Decree: No Paragraph: M.51 Dwg: 1 of 1
 Barrier Area: Controls and Mechanisms Remediation: Required
 Barrier Type: Electrical Outlets - Side Reach Low Unobstructed



Barrier Description: Electrical outlet control box not min. 15" high measured to the bottom of the outlet box

Code References: CBC 11B-308.1.2, 11B-308.3.1 and 2010 ADAS 308.3

As Built Description: 11-3/4" high

Proposed Solution: Relocate switch box to min. 15" high at the bottom of the outlet box

As-Built Meas: 1 Quantity: EACH Cost Estimate: \$750.00 BSR: 3 Hindrance

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

Implementation: Priority 2 Phase Date Status Safe Harbor

Notes: Building was last remodeled in 1995. 2010 Standards do not apply in this situation. Safe Harbor granted.

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: 11/8/2017 Report Date: 10/4/2018 Barrier #: 21E
 Facility: 433 M Street, Eureka
 Location: Office 121
 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 public program, service or activity takes 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 the exception in CBC 11B-215.1 applies. Horn strobes are not required to be installed where a fire alarm system has not been upgraded or replaced.

Field Date: 11/8/2017 Report Date: 10/4/2018 Barrier #: 22A
 Facility: 433 M Street, Eureka
 Location: Office 122
 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-703.4.2 & 2010 ADAS 703.3

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
	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: 11/8/2017 Report Date: 10/4/2018 Barrier #: 22D
 Facility: 433 M Street, Eureka
 Location: Office 122
 Official Responsible: Karen Clower, ADA Coordinator
 Consent Decree: No Paragraph: M.51 Dwg: 1 of 1
 Barrier Area: Clear Floor Space Remediation: Required
 Barrier Type: Clear Floor Space - Wheelchair Use (Stored Items)



Barrier Description: Clear floor space of min. 30" by 48" not provided at element required to be accessible

Code References: CBC 11B-305 and 2010 ADAS 305

As Built Description: No space wheelchair seating provided

Proposed Solution: Rearrange furniture to provide wheelchair seating

As-Built Meas: 1 Quantity: JOB Cost Estimate: \$0.00 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: 11/8/2017 Report Date: 10/4/2018 Barrier #: 22E
 Facility: 433 M Street, Eureka
 Location: Office 122
 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 public program, service or activity takes 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 2 Phase Date Status Exception

Notes: Exception 1 in CBC 907.5.2.3 and the exception in CBC 11B-215.1 applies. Horn strobes are not required to be installed where a fire alarm system has not been upgraded or replaced.

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:

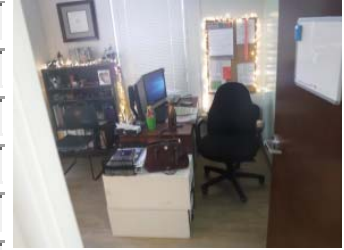
Location:

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:

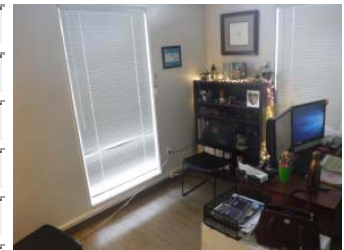
Location:

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
	<input type="text" value="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
	<input type="text" value="4"/>			<input type="text" value="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:

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
	<input type="text" value="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
	<input type="text" value="4"/>			<input type="text" value="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:

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
	<input type="text" value="2"/>				

Notes:

COST ESTIMATES

Cost Estimate Total	\$270,625.00		
Cost Estimate - Priority 1:	\$29,075.00	% of Total Cost Estimate:	10.74%
Cost Estimate - Priority 2:	\$110,525.00	% of Total Cost Estimate:	40.84%
Cost Estimate - Priority 3:	\$119,295.00	% of Total Cost Estimate:	44.08%
Cost Estimate - Priority 4:	\$11,730.00	% of Total Cost Estimate:	4.33%

APPENDIX – REFERENCE DRAWINGS

