

# Audit Summary Report

Date: [Insert Date]

To: [Recipient's Name]

From: [Auditor's Name]

Subject: Wheelchair Access Audit Summary

## Introduction

This report summarizes the findings from the wheelchair access audit conducted on [Insert Date of Audit]. The purpose of this audit was to evaluate the accessibility of [Location/Facility Name] for individuals utilizing wheelchairs.

## Key Findings

- Entrance Accessibility: [Description of findings]
- Interior Pathways: [Description of findings]
- Restroom Facilities: [Description of findings]
- Emergency Exits: [Description of findings]
- Parking Facilities: [Description of findings]

## Recommendations

Based on the findings, we recommend the following actions:

- [Recommendation 1]
- [Recommendation 2]
- [Recommendation 3]

## Conclusion

Improving wheelchair access is essential for fostering inclusivity. We appreciate your attention to these important matters.

## Contact Information

If you have any questions or need further information, please do not hesitate to contact me at [Your Email] or [Your Phone Number].

Thank you for your commitment to accessibility.