

RIA

Independent Inspection Report

Centre:	Accommodation Centre Hazel Hotel, Monasterevin
Inspector:	Emma Downey
Date of Inspection:	4/10/17
Time of Arrival & Departure:	1600 to 1800

1. CENTRE DETAILS

Name and address of Centre	Hazel Hotel, Monasterevin
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Contractor	Sean Lyons/Grahan Carry
Manager	Renata Mikulasova
Who deputises for manager in his/her absence?	Give Job Title only Assistant Manager Katherine Wallace

Telephone Number	045579601
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Current Contracted Capacity	143
Current Occupancy (today)	102
Current Centre Profile (e.g., singles, families etc.)	Families

HSE Area	Newbridge
Public Health Nurse	Not Known
DSP / CWO name	Terry Conroy
Environmental Health Officer name	Not Known
Local Fire Officer Name	Celina Barret
Local Fire Station	Monasterevin

Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, please give details:		
What was the date of the last certification?		
Have you a copy of the Certification	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. Please provide a copy of the following

	Check List
Official Register	<input checked="" type="checkbox"/>
Menu Cycle	<input checked="" type="checkbox"/>
Staffing Lists as follows:	
1. Full list of staff employed at the centre (indicating Names, Titles, Roles, etc.,) (At end of report)	<input checked="" type="checkbox"/>
2. Indicate who is on duty at time of inspection (today)	<input checked="" type="checkbox"/>
3. a separate list of Designated Liaison Persons (child protection)	<input checked="" type="checkbox"/>

Outline visiting times :	As above
In what areas are visitors allowed in the centre?	Dining area
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	No
What toiletries are provided to residents on arrival?	Pack provided on arrival, toothpaste, soap, shower gel, toilet rolls, cleaning equipment
What arrangements are in place to replenish these items?	On request

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there a maintenance day book? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Describe the maintenance procedure at the centre: Log in place, viewed on day of visit. Items checked off when completed Last entry 6/11/16. Maintenance on site daily	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	On sign in book. Policy in reception
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	Yes
Where is declaration held?	On display in reception
Is there a sign in book for visitors? Where?	In reception.
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	Yes in reception
Have Designated Liaison Persons received HSE training?	Yes
Are notices prominently displayed regarding parental supervision of children? Where?	Yes

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of last visit:	No inspections

13 INDOOR FACILITIES

Are the following available to residents?	Yes/No	
Computers with Internet access	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
WIFI	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
DVD player	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Computer Games	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Snooker Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Pool Table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Table Tennis Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Board Games	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Newspapers	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Books and slides	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Toys / games for children	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other		
Give details of any other arrangement or other comments:	Garden with swings and play room	

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where does the service go to?	Dublin and Cork. Friday bus to Mosque in Portlaoise
What is the frequency of the service? (List time table opposite)	Hourly

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sky
An average, how many TV channels are provided to residents?	100 +
Are residents allowed to erect satellite dishes?	no

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	Residents wash own bed linen
What procedures are in place for the exchange of towels and bed linen at the centre?	Ask at reception
What procedures are in place for ironing boards and irons?	Available at reception
How is washing powder / tablets supplied?	Weekly at reception and on request

PART 2

Room by Room Inspection

Independent Inspection

Centre: *Hazel Hotel,*

Monasterevin

Date of Inspection: *4/10/17*

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
3/10/17	(night /Day porter)	<input checked="" type="checkbox"/>	none	n/a	y
4/10/17	(night /Day porter)	<input checked="" type="checkbox"/>	none	n/a	y
21/7/17	Sharp Group				

19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
3/10/17	(night /Day porter)	<input checked="" type="checkbox"/>	none	n/a	y
4/10/17	(night /Day porter)	<input checked="" type="checkbox"/>	none	n/a	y

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
28/4/17	10 staff	36 present 36 evacuated	4 min	
9/8/17	6 staff	110 present 110 evacuated	5min 25 sec	

****Both numbers must be recorded.**

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All Staff	Fire safety training	Alert Fire	1 day	22/03/16

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	At front of building
Are they marked?	Yes
Are staff aware of locations?	Yes
Comments:	

19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	Yes
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Administration Area:

Reception:

Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
<i>Visual Check: Have you noticed any issues requiring attention? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		

Have you seen the following?

		Location of display
Up to date House Rules	<input type="checkbox"/>	N/A
Complaint Forms	<input checked="" type="checkbox"/>	At reception
Accident/ Incident procedure	<input checked="" type="checkbox"/>	In safety statement

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	At Reception
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	At Reception
Supervision of children notice	<input checked="" type="checkbox"/>	At Reception
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	N/a

IOM Voluntary Return Posters	<input type="checkbox"/>	N/A
Anti Human-Trafficking Posters	<input type="checkbox"/>	N/A
'NO to Violence & Harassment' Posters	<input checked="" type="checkbox"/>	At Reception

Social Room / Tea Station (State Location):

What facilities are provided? Tea and coffee station available in dining area		
Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
<i>Visual Check: Have you noticed any issues requiring attention?</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		

Pre-school Room: **Two school rooms and play room**

Is the area generally clean?	Yes / No	yes
If no please give details:		
<i>Visual Check: Have you noticed any issues requiring attention? (observe whether the area is colourful, has sufficient toys, changing areas, toilets in working order, etc)</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other comments:		

Comments:

HACCP and Kitchen Evaluation

General:

Is the kitchen commercial or domestic?	Commercial
What equipment is in place? Cookers, fridges 2 freezers 4, dishwasher etc.	
In what condition is the equipment? Good condition	
Comments:	

STRUCTURAL HYGIENE

Kitchen:

Is the refuse area suitably located?	yes
Is the area tidy?	Yes
Are all bins covered?	Yes
Are signs displayed at all entrances in relation to access to kitchen for non kitchen staff?	yes
Are white coats, shoe covers and hats available for non kitchen staff?	yes
Comment of the structural hygiene of the kitchen (i.e floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc) Good hygiene, clean kitchen. Good segregation of cooked and raw food	
Are suitable hand washing and drying facilities provided?	yes
General Comments:	

Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	Decanted products all covered
Condition and suitability of facilities: No Issues	
What evidence is there of stock rotation?	All food dated

Comments: Residents kitchen has 3 Fridges 3cookers. Cooking is supervised and temperature records are in place. Full fire system is also in place. Rota system for residents.

Last pest control visit 21/6/17

STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes
What facilities are in place?	Changing room, no separate toilets

Are all areas clean and well maintained?	Yes
Are suitable hand washing & drying facilities provided?	Yes
Is storage provided for personal belongings?	Yes
Are showers provided? <i>Indicate cleanliness & suitability</i>	No

Is a designated area provided for staff breaks? <i>If yes, is it clean/suitable/well maintained. If no, outline arrangements for breaks</i>	Yes
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Are uniforms provided for:	
Kitchen Staff?	Yes
Serving Staff?	Yes

Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i>	Yes
Is personal grooming satisfactory?	Yes
Are safe habits practiced?	Yes
General Comments on staff facilities:	

Condition of exterior of centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you have rated * please provide details and comments:				
Are there any facilities available for children outdoors? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Comments swing area and play area				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	6	6
Do they appear to be in working order? yes		
Comments:		

CORRIDOR: to bedrooms

Is the area generally clean?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If no please give details:				
<i>Visual Check:</i> Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
If yes please detail: +				

STAIRWAY: no stairs

Is the area generally clean?	No stairways	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no please give details:					
<i>Visual Check:</i> Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input type="checkbox"/> (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)					
If yes please detail:					

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> X2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 106 and 107				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		2 adults 3 children
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> X2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 108				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2 adults
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 109				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		Vacant
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 115				
Room Profile:		Room Capacity:	Room Occupancy:	
		4	Vacant	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 116				
Room Profile:		Room Capacity:	Room Occupancy:	
Family		4	2 adults 1 Child	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 117				
Room Profile:		Room Capacity:	Room Occupancy:	
		4	2 adults	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 118				
Room Profile:		Room Capacity:	Room Occupancy:	
		6	2 adults 3 children	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

		2		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 123 and 124					
Room Profile:			Room Capacity:		Room Occupancy:
			6		2 adults 4 children
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> x2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 125					
Room Profile:			Room Capacity		Room Occupancy:
Family			5		2 adults 2 children
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

ROOM NUMBER 126 and 127					
Room Profile:			Room Capacity:		Room Occupancy:
Family			6		2 adults 4 children
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/> x2	<input checked="" type="checkbox"/> x2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details: Smoking in room					

If *, please give details:

ROOM NUMBER 132				
Room Profile:		Room Capacity:		Room Occupancy:
Family		Sand Cot		2 adults 3 children
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 133				
Room Profile:		Room Capacity:		Room Occupancy:
Family		7		2 adults 6 children
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 134				
Room Profile:		Room Capacity:		Room Occupancy:
Family		6		Vacant
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 135				
Room Profile:		Room Capacity:		Room Occupancy:
Family		7		2 Adults 4 Children
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>

General Representations

If you were approached by any residents regarding general issues while in the centre please outline the details below:

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If you were approached by any members of staff regarding general issues while in the centre please outline the details below:

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If you were approached by any other persons regarding general issues while in the centre please outline the details below:

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Please ensure that no personal information or information that could lead to the identification of an individual is recorded in this section.

Personal representations should be recorded in Part 3.

OSCAR DAWN LIMITED

HAZEL HOTEL

MONASTEREVIN

CO KILDARE

TEL; 045 579601

office@oscar-dawn.ie

**Ms Marie Walker
Reception & Integration Agency
PO Box 11487
Dublin 2.**

10th November 2017

Re: Inspection at the Hazel Hotel on the 4th October 2017

Dear Marie

I refer to your letter dated the 24th October 2017 and reply is as follows:

Fire Safety

- Room 126/127: residents reminded of no smoking policy
- Room 129: Cover on smoke head removed on day of inspection

Food Safety

- No issues noted thank you

Bedroom Issues

- Room 129: Wall has been repaired and repainted

Other issues

- Section 7 arrangements for maintenance last entry 16/11/16 this is incorrect as we would have had much more recent entries on the day of inspection.
- HACCP pest control last visit 21/10/16 this is also incorrect, again we would have had a more recent visit pest control this date is noted further on in the inspection report.

I hope the above is to your satisfaction, please contact me if you have any queries

Yours sincerely



Graham Carry



DEPARTMENT OF JUSTICE, EQUALITY AND LAW REFORM
AN ROINN DLÍ AGUS CIRT, COMHIONANNAIS AGUS ATHCHÓIRITHE DLÍ

RECEPTION AND INTEGRATION AGENCY
ÁISINEACHT FHÁILTE AGUS COMHTHÁITE

Mr. Sean Lyons
Oscar Dawn Ltd.,
Clondalkin Towers,
Ninth Lock Road,
Clondalkin,
Dublin 22.

24th October, 2017

Dear Mr. Lyons

QTS on behalf of the Reception and Integration Agency carried out an inspection at the **Hazel Hotel** on 4th October, 2017. A copy of the report is enclosed for your attention. Please read the report carefully and do not hesitate to contact me if it contains any discrepancies.

During the course of the inspection a number of issues were highlighted and you are required to deal with any hazards or risks detailed in this report immediately.

Please reply in writing on or before Friday, 10th November, 2017 outlining the steps you have taken/propose to take to address each of the issues raised.

Yours sincerely,

Marie Walker
Higher Executive Officer
Reception and Integration Agency