

RIA

Independent Inspection Report

| | |
|---|-----------------------|
| Centre: | Montague Hotel |
| Inspector: | Emma Downey |
| Date of Inspection: | 28/3/18 |
| Time of Arrival & Departure: | 1500 to 1830 |

Part 1
General Information on Services

Independent Inspection Report

Centre: *Montague Hotel*

Date of Inspection: **28/3/18**

1. CENTRE DETAILS

| | |
|----------------------------|---|
| Name and address of Centre | The Montague, Emo, Portlaoise, Co. Laois |
|----------------------------|---|

| | |
|---|--|
| Contractor | Sean Lyons |
| Manager | Darren Cheshire |
| Who deputises for manager in his/her absence? | Give Job Title only Assistant Manager |

| | |
|------------------|-------------------|
| Telephone Number | 0578633036 |
|------------------|-------------------|

| | |
|---|---|
| Current Contracted Capacity | 202 |
| Current Occupancy (today) | 215 |
| Current Centre Profile (e.g., singles, families etc.) | Families, single males and females |

| | |
|-----------------------------------|----------------------|
| HSE Area | Portlaoise |
| Public Health Nurse | Francis Keely |
| DSP / CWO name | Paul Brennan |
| Environmental Health Officer name | Louise Smith |
| Local Fire Officer Name | James Duffy |
| Local Fire Station | Portlaoise |

| | |
|---|---|
| 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.,) | <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"/> |

3 GENERAL SECURITY & EMERGENCY DETAILS

| | |
|---|---|
| Is 24 hour supervision provided? (Y/N) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Give details of roster hours | 0800 to 2000 and 2000 to 0800 |
| Is security provided by external company? (Y/N) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| If yes, give name of company: | |
| Does the centre have CCTV? (Y/N) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Is a list of emergency numbers available in the Manager's office? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service RIA out of hours number | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, give details: |
| Are first aid kits available? (Y/N) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Where and how many? | 2 one in office and one in kitchen. |
| Who is responsible for first aid restocking? | <i>Job title only (not name) of person responsible: Manager</i> |
| Is there a defibrillator in the centre? How many staff been trained to use it? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

4 HEATING ARRANGEMENTS

| | |
|--|---|
| What type of heating is used in the centre? | Gas |
| Do residents have control of the heating in their own bedroom? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| If no, what arrangements are in place? | Heating is on timer |
| What are the heating 'ON' times? | 0700 to 0830, 2100 to 2200 |

5 HOUSE RULES

| | |
|---|---|
| Are residents provided with a copy of the House Rules on arrival? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| How does centre management explain house rules to residents on arrival? | Explained on arrival |

6 ARRANGEMENTS FOR RESIDENTS & VISITORS (keys / storage / toiletries)

| | |
|---|---|
| Are residents issued with key for their bedroom?(Yes/No) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Are residents issued with key for main door? (Yes/No) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| If no, give details | Manned 24 hours |
| Are there procedures to allow residents to receive visitors? (Give details) | Visitors book sign in and access to certain area |
| Outline visiting times : | 0900 to 2200 |
| In what areas are visitors allowed in the centre? | Dining area and communal area |

| | |
|--|--|
| Any other relevant information: | no |
| Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk) | Storeroom available |
| What toiletries are provided to residents on arrival? | Soap, toothpaste, shampoo, shower gel and tissues |
| What arrangements are in place to replenish these items? | Weekly from onsite shop |

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: Record book at reception for maintenance. Up to date, last entry 28/3/18 | |

8 CHILD PROTECTION

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

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 checked="" type="checkbox"/> No <input type="checkbox"/> |
| Date of last visit: | 9/10/17 |

10 NUTRITION / SCHOOL LUNCHES / BABY FORMULA (general arrangements)

| | |
|--|--|
| Are residents consulted regarding menu / dietary requests? (Give details.) | Yes, monthly meetings |
| Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> • Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other? • Drinks? Juice? Water? • Yogurt? • Fruit? • Other | Cheese, ham, chicken, tuna, jam, cheese biscuits, cheese dippers, raisin packs, yogurt drinks, juice, water, fruit Packs are provided for residents, drinks, fruit yoghurt. Residents make lunches for children. |
| Is infant formula kept out of public view? | Yes in shop |
| What arrangements are in place for distribution of infant formula? | Twice weekly on Monday and Wednesday. |

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

| | |
|--|--|
| Are tea / coffee / drinking water / Snacks etc. available outside mealtimes? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| What food/snacks are available after hours or when kitchen is closed? | Bread, cereals and spreads |
| Where are the snacks located and how are they accessed? | Residents fridge |
| Are meals available for residents who arrive late? (Give details.) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> By arrangement |
| Are meals available for new arrivals? (Give details) | Yes, by arrangement |
| Are packed lunches available for residents travelling to Dublin on official business? (Give details) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, when pre notified |
| If the inspection takes place during Ramadan this section must be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan? | N/A |

12 FACILITIES FOR FEEDING BABIES

| Are the following available? | Yes/No |
|--|--|
| Access to drinking water (for breastfeeding mothers / for preparation of infant formula) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Sterilisers | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Kettles | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Fridge (for bottles of EBM* / formula) *Expressed Breast Milk | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Bottle Warmer | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Microwave | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Are these facilities available 24 hours a day | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Is there a dedicated room provided? Where? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Doctors room available |

13 INDOOR FACILITIES

| <i>Are the following available to residents?</i> | 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 checked="" type="checkbox"/> | No <input 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 checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Board Games | Yes | <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Newspapers | Yes | <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Books | Yes | <input type="checkbox"/> | No <input checked="" 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: | | | |

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? | Portlaoise |
| What is the frequency of the service? (List time table opposite) | 0900, 1000, 1130, 1315, 1430, Schedule attached |

15 TV SYSTEM

| | |
|---|--|
| Is there a specific TV system in place? (give details) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sky tv in communal room and Oak room |
| An average, how many TV channels are provided to residents? | Over 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 |
| What procedures are in place for the exchange of towels and bed linen at the centre? | From reception on request |
| What procedures are in place for ironing boards and irons? | In laundry |
| How is washing powder / tablets supplied? | On request from reception |
| Are there specific arrangements for access to the laundry (give details): | 24/7 |

17 CLEANING (General Arrangements)

| | |
|--|---|
| Are there cleaning materials and equipment provided by management for residents? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| What cleaning equipment is available to residents? | Cleaning sprays, sponges, shower cleaner, bleach, window cleaner |
| What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment? | At reception |
| What arrangements are in place if rooms are not cleaned sufficiently by residents? | Manager will discuss with residents and clean if necessary |

PART 2

Room by Room Inspection

Independent Inspection

Centre: *Montague*

Date of Inspection: *28/3/18*

Section A- Administration / Communal areas

17 Have you seen the following?

| | | Location of display |
|------------------------------|-------------------------------------|---------------------|
| Up to date House Rules | <input checked="" type="checkbox"/> | Reception |
| Complaint Forms | <input checked="" type="checkbox"/> | Reception |
| Accident/ Incident procedure | <input checked="" type="checkbox"/> | Reception |

| | | |
|--|-------------------------------------|--------------------|
| HSE Breastfeeding Posters (if applicable) | <input checked="" type="checkbox"/> | Reception |
| Designated Liaison Person details (Child Protection) | <input checked="" type="checkbox"/> | Reception |
| Supervision of children notice | <input checked="" type="checkbox"/> | Reception |
| Gym Notices (Child Safety – if applicable) | <input checked="" type="checkbox"/> | At entrance to gym |
| IOM Voluntary Return Posters | <input checked="" type="checkbox"/> | Reception |

18 Staff Awareness

| | |
|---|-------------------------------------|
| Did you see the RIA Code of Practice*? | <input checked="" type="checkbox"/> |
| Are all staff aware of RIA Code & House Rules? | <input checked="" type="checkbox"/> |
| How are staff made aware of RIA Code & House Rules? At induction and annually through RIA | |

**A Code of Practice for persons working in accommodation centres*

19 FIRE SAFETY

You should record the last 2 entries on the fire register for each of the following sections:

19a EMERGENCY LIGHTING INSPECTION SCHEDULE

| <u>Date</u> | <u>Inspected By</u> (Company Name / Position) | <u>Comments</u> |
|-------------|--|-----------------|
| 7/10/17 | Kevin Coleman Electrical | Check |
| 9/8/17 | Kevin Coleman Electrical | Inspection |
| 9/3/18 | Kevin Coleman Electrical | Check |

Weekly inspections of emergency lighting has not taken place

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

| Date | Inspected By (Company Name / Position) | OK | Defect | Remedial Action Taken (Y/N) | Sign Off Y/N |
|---------|---|-------------------------------------|--------|------------------------------|--------------|
| 29/3/18 | Night Porter | <input checked="" type="checkbox"/> | None | n/a | |
| 5/7/17 | Sharp electrical | <input checked="" type="checkbox"/> | None | n/a | |
| 18/1/18 | Sharp Electrical | <input checked="" type="checkbox"/> | None | n/a | |

19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

(Include all fire extinguishers, hose reels and fire blankets.)

| Date | Inspected By (Company Name / Position) | OK | Defect | Remedial Action Taken (Y/N) | Sign Off Y/N |
|------|--|----|--------|------------------------------|--------------|
|------|--|----|--------|------------------------------|--------------|

| | | | | | |
|---------|--------------|-------------------------------------|------|-----|--|
| 29/3/18 | Night Porter | <input checked="" type="checkbox"/> | None | N/a | |
| 28/3/18 | Night Porter | <input checked="" type="checkbox"/> | None | n/a | |
| 20/3/18 | Sharp | <input checked="" type="checkbox"/> | None | n/a | |

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 |
|---------|--|-------------------------------------|--------|------------------------------------|-----------------|
| 29/3/18 | Night Porter | <input checked="" type="checkbox"/> | None | N/a | |
| 28/3/18 | Night Porter | <input checked="" type="checkbox"/> | None | n/a | |

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

| Date & Time | Numbers of staff involved in drill | No. of residents present / evacuated ** | Evacuation Time | Comments |
|-------------------|---------------------------------------|---|--------------------|----------|
| 7/2/18 @19:15 | 4 | 171/171 | 19 min | |
| 24/7/17 @14:30 | 6 | 148/148 | 17 min | |

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

| Job Description | Course | Instructor | Duration | Date |
|-----------------|-------------------------------|--------------------------|----------|----------|
| All Staff | Fire Extinguisher Training | A.L.E.R.T Fire Safety | 3 hrs | 03/06/11 |
| All Staff | Fire Extinguisher Training | A.L.E.R.T Fire Safety | 1 hr | 06/04/09 |

19g FIRE ASSEMBLY POINTS

| | |
|---|--------------------------|
| Where are the Fire Assembly Points located? | To the 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 |
| Are there smoke alarms throughout the premises, inc bedrooms? | Yes |
| Are all smoke alarms linked back to a central control panel? | Yes |
| Are there designated 'Smoking' areas? <i>Include locations</i> | Yes Huts to the front and rear. |

Comments: **Weekly alarm sound check 16/3/17 and 7/3/17**

19i FIRE EXITS, EMERGENCY LIGHTING, SMOKE ALARMS, FIRE NOTICES

(in corridors & common areas)

| | |
|---|--|
| Are fire exits clear from obstruction? | Yes |
| Are they unlocked? | Yes |
| Are fire exits clearly posted throughout the building? | Yes |
| Are all fire doors kept closed? | Fire doors on automatic release |
| Are fire evacuation instructions clearly displayed in the centre? | Yes |
| Are fire extinguishers clearly visible? | Yes |
| Is there emergency lighting system in place? | Yes |
| Comments: | |

Administration Area:

Reception: Main Building

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

Reception: Play Area

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

Reception: Communal Area Ground Floor

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

Reception: Gym and Mosque Area

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

Reception: Managers Office

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

Have you seen the following?

| | | Location of display |
|------------------------------|-------------------------------------|---------------------|
| Up to date House Rules | <input checked="" type="checkbox"/> | Reception |
| Complaint Forms | <input checked="" type="checkbox"/> | Reception |
| Accident/ Incident procedure | <input checked="" type="checkbox"/> | Reception |

| | | |
|--|-------------------------------------|---------------------|
| HSE Breastfeeding Posters (if applicable) | <input checked="" type="checkbox"/> | Reception |
| Designated Liaison Person details (Child Protection) | <input checked="" type="checkbox"/> | Reception |
| Supervision of children notice | <input checked="" type="checkbox"/> | Reception |
| Gym Notices (Child Safety – if applicable) | <input checked="" type="checkbox"/> | On the way into gym |

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

Social Room / Tea Station (State Location): In Canteen

| | |
|---|---|
| What facilities are provided? Tea, coffee, biscuits, bread, spreads | |
| 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: | |

Pre-school Room: N/A

| | |
|--|---|
| Is the area generally clean? | Yes |
| 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"/> |
| <i>(observe whether the area is colourful, has sufficient toys, changing areas, toilets in working order, etc)</i> | |
| Other comments: | |

Clinic Area: N/A

| | |
|--|---|
| Is the area generally clean? | Yes |
| 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"/> |
| <i>(observe whether the area is colourful, has sufficient toys, changing areas, toilets in working order, etc)</i> | |
| Other comments: | |

DINING AREA:

Please outline the meal times:

| | From | To |
|------------------|------|------|
| Breakfast | 0720 | 1000 |
| Lunch | 1230 | 1400 |
| Dinner | 1700 | 1830 |

| | | |
|------------------------------------|---|--|
| Which is the main meal of the day: | Lunch <input type="checkbox"/> | Dinner <input checked="" type="checkbox"/> |
| Is menu cycle available? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

If no, give details of all menu options on day of inspection:

| | |
|------------------|--|
| Breakfast | |
| Lunch | |
| Dinner | |

| | | | |
|--|---|--|--|
| Is menu cycle on display? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Does menu cycle correspond with options available? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| If no, ask manager for explanation and provide details: Easter week deliveries | | | |
| Which meal was sampled? | Breakfast <input type="checkbox"/> | Lunch <input type="checkbox"/> | Dinner <input checked="" type="checkbox"/> |
| Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) Good selection. Food was hot and fresh. Fresh bay food available Rice pudding Nigerian rice Tilapia fish – mackrel fish & red fish Chicken chunks Chicken bicgoni Pasta Chips Salad Fanta Pepsi The food was hot spicy and fresh | | | |
| Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Give details of this option: | Salad rice and pasta | | |
| Were there ethnic dishes available? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Give details of this option: | All ethnic dishes | | |
| Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| In your opinion, does the food on offer appear to provide a good variety? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | |
| Did inspection take place during Ramadan? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |

| | |
|---|---|
| If yes, please outline arrangements for provision of meals outside of normal mealtimes, <i>(medical or other appointments, etc.):</i> | |
| Is there any damaged seating or tables in dining room? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Is there enough seating for residents present to sit down and eat their lunch? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Comments: | |

KITCHEN AREA: Food Safety Critical Requirements

FOOD SAFETY

| | |
|---|--------------|
| Has the premises been inspected by an Environmental Health Officer? | Yes |
| Date of Visit? | October 2017 |
| Comments: Report attached | |

| | |
|--|-----------------|
| Has a HACCP system been implemented? | Yes |
| Who designed the HACCP system? | Chef |
| Who is responsible for reviewing the system? | Chef |
| How frequently is the system reviewed? | Annually |

HACCP Records:

| |
|--|
| Pest Control: In place, last visit 2/2/18 |
| Induction and Ongoing Staff Training: Up to date records of training |
| Time & Temperature Records: Thermometer calibrated and records in place for cooking, chilling, storing and holding Temperature records all up to date |
| Hygiene Audits: In place |
| List of Approved Suppliers: At delivery door |
| Cleaning Schedules: Daily cleaning schedule |
| Procedures for accepting deliveries: goods inwards records up to date |
| General Comments: drain cover needs replacing outside kitchen door and dry goods store fly screen needs repair. |

HACCP and Kitchen Evaluation

General:

| | |
|---|------------|
| Is the kitchen commercial or domestic? | Commercial |
| What equipment is in place? Fridges, cookers, freezers, | |
| 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? | Some bins were uncovered |
| 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) | |
| Are suitable hand washing and drying facilities provided? | Yes |
| General Comments: | |

Dry Goods:

| | |
|--|--|
| Suitably equipped? <i>Shelving/containers etc</i> | Yes |
| Condition and suitability of facilities: Equipment is suitable and in good condition | |
| What evidence is there of stock rotation? | Yes, food in fridge, freezer and dry goods labelled with date and use by date |

Refrigerated Storage:

| | |
|---|-----------------------------|
| What type of refrigerated storage is provided? | Fridges and freezers |
| Comment on the condition and suitability of the refrigerated storage: | |
| Are thermostats provided and in working order? | Yes and calibrated |
| Are food items date stamped? | Yes |
| Are samples of dishes being kept? | NO |

Other:

| | |
|---|------------|
| Is there appropriate storage for cleaning agents and chemicals? | Yes |
|---|------------|

OPERATIONAL HYGIENE

| | |
|--|------------|
| Do residents use the main kitchen? | No |
| Is that use supervised to ensure safe & hygienic practices are observed? | n/a |
| By whom is it supervised? | N/a |

| |
|---|
| Is the correct equipment provided? <i>e.g. colour coded chopping boards</i> |
| Yes |

| |
|--|
| Is the necessary holding equipment provided? <i>e.g. bain maries, refridgerated units.</i> |
| Yes |

| |
|--|
| Condition and suitability of serving equipment and utensils: |
| Equipment is suitable |

| |
|--|
| What procedures are in place for unused/unserved food at the end of service? |
| Chilled and reused where appropriate |

| |
|-----------|
| Comments: |
|-----------|

STAFF FACILITIES AND HYGIENE

| | |
|---|--|
| Are designated staff facilities provided? | Staff use disabled toilet as designated toilet |
| What facilities are in place? | Changing area. |

| | |
|---|-----|
| 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> | No designated area, staff use canteen area |
|---|--|

| | |
|----------------------------|-----|
| 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: | |

| | Number | Soap | Toilet Paper | Hand Towels / Dryers | Hot Water | Sanitary Bins |
|---|--------|-------------------------------------|-------------------------------------|-------------------------------------|---|--|
| Wheelchair/staff: | 1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Ladies: | 3 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gents: | 3 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Is there a cleaning schedule displayed? | | | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Record the last time entry. 14/3/17 | | | | | | |
| Is the area clean? (provide comment) Area is clean | | | | | | |
| Are all facilities working? | | | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| <i>Visual Check:</i> Have you noticed any issues requiring attention? | | | | | Yes* <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If No, give details: | | | | | | |

24 COMMUNAL ROOM Ground floor

| | |
|---|---|
| Storage area: | |
| Is the walkway through the area clear? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Are the exit signs clearly marked? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| General Seating Area | |
| Is the seating in good condition? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| What is the area generally used for? television | Meeting visitors, watching |
| Computer room: Oak Room | |
| Is the area generally clean? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| <i>Visual Check:</i> Have you noticed any issues requiring attention? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| If yes please detail: | |
| Any other comments? If yes please detail: | |

OUTDOOR GROUNDS / FACILITIES

Please rate the following:

| | Very Good | Adequate | Poor* | Needs urgent attention* |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> | | | | |

| | |
|----------|-------------------|
| Comments | Outdoor play area |
|----------|-------------------|

LAUNDRY ROOM

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

CORRIDOR Ground Floor main building

| | | | | |
|---|-----|-------------------------------------|----|-------------------------------------|
| 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: | | | | |

CORRIDOR First floor main building

| | | | | |
|---|-----|-------------------------------------|----|-------------------------------------|
| 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: | | | | |

CORRIDOR The bungalow

| | | | | |
|---|-----|-------------------------------------|----|-------------------------------------|
| 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: + | | | | |

CORRIDOR Two story out building

| | | | | |
|---|-----|-------------------------------------|----|-------------------------------------|
| 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 To first floor main building

| | | | | |
|---|-----|-------------------------------------|----|--------------------------|
| 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 checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| If yes please detail: fire door held open with string and a bag of rubbish in the stairwell | | | | |

STAIRWAY To first floor two story out building

| | | | | |
|---|-----|-------------------------------------|----|-------------------------------------|
| 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: + | | | | |

| |
|--|
| |
| |
| |
| |

Bedrooms:

CLEANING (General Arrangements)

| | | |
|--|--|---|
| How often are bedrooms inspected? | twice weekly <input type="checkbox"/> | Monthly <input type="checkbox"/> |
| Who cleans the bedrooms? | Staff <input type="checkbox"/> | Residents <input checked="" type="checkbox"/> |
| How often do staff clean the bedrooms? | Weekly <input type="checkbox"/> | fortnightly <input type="checkbox"/> |
| | Monthly <input type="checkbox"/> | Other <input checked="" type="checkbox"/> If required |
| Are there cleaning materials and equipment provided by management for residents? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| What cleaning equipment is available to residents? | Cloths, Sprays, sponges, shake and vac, brushes, hoovers ,toilet cleaner, window cleaner | |
| What arrangements are in place if rooms are not cleaned sufficiently by residents? | Staff will clean | |

The bungalow

| | | | | |
|---|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 1 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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: skirting broken | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 2 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| shared | | 2 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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 3 | | | |
| Room Profile: | | Room Capacity: | Room Occupancy: |

| | | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|--|--|
| Shared | | 2 | | 2 | |
| 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> | |
| If *, please give details: damp bathroom. Needs clean | | | | | |

| | | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|--|--|
| ROOM NUMBER 4 | | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: | |
| shared | | 2 | | 2 | |
| 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> | |
| If *, please give details: damp in bathroom. Needs clean | | | | | |

| | | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|--|
| ROOM NUMBER 5 | | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: | |
| family | | 2 | | 2 | |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> | |
| If *, please give details: | | | | | |

| | | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------|--|
| ROOM NUMBER 6 | | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: | |
| shared | | 2 | | 2 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * | |
| | <input type="checkbox"/> | <input checked="" 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 7 | | | | | |
|----------------------|--|--|--|--|--|

| | | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|--|--|
| Room Profile: | | Room Capacity: | | Room Occupancy: | |
| shared | | 2 | | 2 | |
| 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> | |
| If *, please give details: a lot of damp in bathroom | | | | | |

| | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--|--|
| ROOM NUMBER 8 | | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: | |
| Shared | | 2 | | 2 | |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> | |
| If *, please give details: a lot of damp in bathroom | | | | | |

Annex Next to Bungalow

Toilet and Showers Ground Floor

| | Number | Soap | Toilet Paper | Hand Towels / Dryers | Hot Water | Sanitary Bins |
|---|----------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|--|
| Unisex: | 2 toilets/2 showers | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is there a cleaning schedule displayed? Record the last time entry. | | | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Is the area clean? (provide comment) yes | | | | | | |
| Are all facilities working? | | | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| <i>Visual Check:</i> Have you noticed any issues requiring attention? | | | | | Yes* <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If No, give details: shower needs clean. Very very bad damp. Plaster peeling off. | | | | | | |

Toilet and Showers First Floor

| | Number | Soap | Toilet Paper | Hand Towels / Dryers | Hot Water | Sanitary Bins |
|--|----------------------------|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------|--|
| Unisex: | 3 toilets/3 showers | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Is there a cleaning schedule displayed? Record the last time entry. | | | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

| | |
|---|---|
| Is the area clean? (provide comment) yes | |
| Are all facilities working? | Yes <input type="checkbox"/> No * <input checked="" type="checkbox"/> |
| <i>Visual Check:</i> Have you noticed any issues requiring attention? | Yes* <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If No, give details: Needs clean | |

Social Room / Tea Station (State Location): Ground Floor Annex

| | |
|---|---|
| What facilities are provided? Tea, coffee, biscuits, bread, spreads | |
| Is the area generally clean? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| If no please give details: | |
| <i>Visual Check:</i> Have you noticed any issues requiring attention? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If yes please detail: | |

| | | | | |
|---|--------------------------|-------------------------------------|-------------------------------------|--|
| ROOM NUMBER 9 | | | | |
| Room Profile: | | Room Capacity: | Room Occupancy: | |
| shared | | 2 | 2 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: needs clean | | | | |

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 10 | | | | |
| Room Profile: | | Room Capacity: | Room Occupancy: | |
| Shared | | 3 | 3 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" 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 11 | | | | |
| Room Profile: | | Room Capacity: | Room Occupancy: | |
| Shared | | 2 | 2 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

| | | | | |
|---------------------------------|--------------------------|-------------------------------------|---|-------------------------------|
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" 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 12 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" 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 14 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 1 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: mirror cracked needs deep clean. | | | | |

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 15 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" 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 16 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" 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 17 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| family | | 3 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" 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: | | | | |

Main Building

| | | | | |
|--|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 101 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 3 |
| 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 type="checkbox"/> | <input checked="" 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: cooking appliances in room | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 102 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| family | | 2 | | 2 |
| 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"/> |

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

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 103 | | | | |
| Room Profile: | | Room Capacity: | Room Occupancy: | |
| Shared | | 3 | 3 | |
| 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"/> |
| | Very Good | Adequate | Poor * | Needs urgent attention * |
| Cleanliness | <input type="checkbox"/> | <input checked="" 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 104 | | | | |
| Room Profile: | | Room Capacity: | Room Occupancy: | |
| family | | 2 | 2 | |
| 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"/> |
| | Very Good | Adequate | Poor * | Needs urgent attention * |
| Cleanliness | <input type="checkbox"/> | <input checked="" 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 105 | | | | |
| Room Profile: | | Room Capacity: | Room Occupancy: | |
| family | | 2 | 2 | |
| 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"/> |
| | Very Good | Adequate | Poor * | Needs urgent attention * |
| Cleanliness | <input type="checkbox"/> | <input checked="" 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 | | | | |
| Room Profile: | | Room Capacity: | Room Occupancy: | |
| family | | 2 | 2 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: smoke alarm covered, paint on ceiling in bathroom is flaking and tap dripping | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 107 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| family | | 2 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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: |
| Shared | | 2 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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: rice cooker | | | | |

| | | | | |
|---|--------------------------|-------------------------------------|-------------------------------------|--|
| ROOM NUMBER 109 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| family | | 3 | | 3 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: a lot of black mould on window and bathroom tiles. Paint is peeling on tiles in bathroom. | | | | |

| | | | | |
|------------------------|--|----------------|--|-----------------|
| ROOM NUMBER 110 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 3 |

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" 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 111 | | | | |
| Room Profile: | | Room Capacity: | Room Occupancy: | |
| Shared | | 2 | 2 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" 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 112 + 115 interlinked | | | | |
| Room Profile: | | Room Capacity: | Room Occupancy: | |
| family | | 5 | 5 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: damp on bathroom ceiling. Tiles need painting. Rice cooker in room. Fire escape blocked. | | | | |

| | | | | |
|--|--------------------------|-------------------------------------|-------------------------------------|--|
| ROOM NUMBER 114 | | | | |
| Room Profile: | | Room Capacity: | Room Occupancy: | |
| Shared | | 3 | 3 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: ceiling damp. Grout in bathroom needs clean and radiator needs painting. | | | | |

| | | | | |
|--|--------------------------|-------------------------------------|-------------------------------------|--|
| ROOM NUMBER 116 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| family | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: hole in wall. Damp on wall in bathroom and bedroom . | | | | |

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

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 118 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| family | | 3 | | 3 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" 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 119 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: grout needs clean | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 120 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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 121 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 3 | | 3 |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: light cracked in bathroom and it was cluttered | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 122 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes | | | | |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 123 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 3 |
| 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 type="checkbox"/> | <input checked="" 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 124 | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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 | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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: rice cooker in room | | | | |

| ROOM NUMBER 126 | | | | |
|---|-------------------------------------|-------------------------------------|---|-------------------------------------|
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 1 |
| 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 type="checkbox"/> | <input checked="" 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: rice cooker | | | | |

| ROOM NUMBER 127 | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Single | | 3 | | 1 |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Cleanliness | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input type="checkbox"/> No * <input checked="" type="checkbox"/> | | | | |
| If *, please give details: handle broken on door | | | | |

| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 128 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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 129 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 3 |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input type="checkbox"/> No * <input checked="" type="checkbox"/> | | | | |
| If *, please give details: paint peeling in bathroom | | | | |

| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 130 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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 131 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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: | | | | |

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|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 132 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 3 |
| 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 type="checkbox"/> | <input checked="" 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: | | | | |

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|---|-------------------------------------|-------------------------------------|-------------------------------------|--|
| ROOM NUMBER 133 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | 4 |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: sink broken, deep fat fryer, rice cooker and very cluttered | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 134 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 3 |
| 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 type="checkbox"/> | <input checked="" 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 | | 3 | | 3 |
| 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 type="checkbox"/> | <input checked="" 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 136 | | | | |
|---|-------------------------------------|-------------------------------------|---|-------------------------------------|
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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: smoke alarm covered & hot plate in room | | | | |

| ROOM NUMBER 137 | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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: | | | | |

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|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 138 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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 201 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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: | | | | |

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|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 202 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 3 | | 3 |
| 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 type="checkbox"/> | <input checked="" 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 203 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 3 |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Cleanliness | <input type="checkbox"/> | <input checked="" 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 204 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 3 |
| 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 type="checkbox"/> | <input checked="" 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: | | | | |

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|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 205 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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 206 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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 207 | | | | |
|---|-------------------------------------|--------------------------|---|-------------------------------------|
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 3 |
| 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 type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: silicone on bath needs to be replaced | | | | |

| ROOM NUMBER 208 | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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 209 | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 3 |
| 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 type="checkbox"/> | <input checked="" 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 210 | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| Is everything in working order? | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | |

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|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 211 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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: | | | | |

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|---|-------------------------------------|-------------------------------------|-------------------------------------|--|
| ROOM NUMBER 212 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: ceiling around fan broken | | | | |

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|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 214 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 3 |
| 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 type="checkbox"/> | <input checked="" 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: | | | | |

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|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 215 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| Is everything in working order? | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | |

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|--|-------------------------------------|-------------------------------------|-------------------------------------|--|
| ROOM NUMBER 216 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: resident said ceiling was leaking. | | | | |

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|--|-------------------------------------|-------------------------------------|-------------------------------------|--|
| ROOM NUMBER 217 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: a lot of damp in bathroom and resident said radiator was not getting hot | | | | |

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|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 218 interconnected with 220 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 6 | | 3 |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes | |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 219 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|---------------------------------|---|-------------------------------------|-------------------------------|--------------------------|
| Cleanliness | <input type="checkbox"/> | <input checked="" 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: | | | | |

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|---|-------------------------------------|---|-------------------------------------|-------------------------------------|
| ROOM NUMBER 221 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 3 | | 4 |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | Yes <input type="checkbox"/> No * <input checked="" type="checkbox"/> | | |
| If *, please give details: Very cluttered, door on wardrobe is off its hinges and room needs clean | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|
| ROOM NUMBER 222 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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: | | | | |

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|---|-------------------------------------|---|-------------------------------------|-------------------------------------|
| ROOM NUMBER 223 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | Yes <input type="checkbox"/> No * <input checked="" type="checkbox"/> | | |
| If *, please give details: Window restrictor missing | | | | |

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|------------------------|---------|-----------------|-------------|-----------------|
| ROOM NUMBER 224 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 3 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |

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|--|-------------------------------------|-------------------------------------|---|-------------------------------------|
| <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 type="checkbox"/> | <input checked="" 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: Smoke detector covered | | | | |

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|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 225 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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: | | | | |

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|---|-------------------------------------|-------------------------------------|-------------------------------------|--|
| ROOM NUMBER 226 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: damp in bathroom and needs a deep clean | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 227 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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: | | | | |

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|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 228 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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: | | | | |

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|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 229 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Single | | 1 | | 1 |
| 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 type="checkbox"/> | <input checked="" 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: | | | | |

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|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 230 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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: | | | | |

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|------------------------|
| ROOM NUMBER 231 |
|------------------------|

| | | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--|--|
| Room Profile: | | Room Capacity: | | Room Occupancy: | |
| Shared | | 2 | | 2 | |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> | |
| If *, please give details: taps leaking in bath | | | | | |

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|--|-------------------------------------|-------------------------------------|---|-------------------------------|--|
| ROOM NUMBER 232 interconnected with 233 | | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: | |
| Family | | 6 | | 4 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * | |
| | <input type="checkbox"/> | <input checked="" 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: | | | | | |

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|-------------------------------------|-------------------------------------|--------------------------|---|-------------------------------|--|
| ROOM NUMBER 234 | | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: | |
| Shared | | 3 | | 2 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> | |
| If *, please give details: | | | | | |

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|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--|
| ROOM NUMBER 235 | | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: | |
| Shared | | 3 | | 2 | |
| 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"/> | |

| | | | | |
|---|--------------------------|-------------------------------------|------------------------------|--|
| | Very Good | Adequate | Poor * | Needs urgent attention * |
| Cleanliness | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: a lot of damp in bathroom and bedroom | | | | |

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|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| ROOM NUMBER 236 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Very Good | Adequate | Poor * | Needs urgent attention * |
| Cleanliness | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: | | | | |

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|---|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 237 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 2 |
| 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"/> |
| | Very Good | Adequate | Poor * | Needs urgent attention * |
| Cleanliness | <input type="checkbox"/> | <input checked="" 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: rice cooker and hotplate in room. | | | | |

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|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 238 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 3 | | 2 |
| 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"/> |
| | Very Good | Adequate | Poor * | Needs urgent attention * |
| Cleanliness | <input type="checkbox"/> | <input checked="" 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: | | | | |

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|------------------------|---------|-----------------|-------------|-----------------|
| ROOM NUMBER 239 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 3 | | 2 |
| 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 type="checkbox"/> | <input checked="" 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: | | | | |

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|--|-------------------------------------|-------------------------------------|-------------------------------------|--|
| ROOM NUMBER 240 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 3 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: bathroom light cover missing | | | | |

| | | | | |
|--|-------------------------------------|--------------------------|-------------------------------------|--|
| ROOM NUMBER 241 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 3 | | 3 |
| 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 type="checkbox"/> | No * <input checked="" type="checkbox"/> |
| If *, please give details: light switch plastic surround broken | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 242 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 3 | | 2 |
| 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 | |
| If *, please give details: | | | | |

General Representations

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

| |
|--|
| |
|--|

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:

| |
|--|
| |
|--|

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.

Summary Sheet

| | |
|--|----------------|
| Name of Centre: | Montague |
| Address: | Emo Co.Laois |
| Proprietor : | Sean Lyons |
| Manager: | Darren Chesire |
| Contact Name: | Sean Lyons |
| Capacity Per MOA (Current Occupancy): | 215 (202) |
| Date of Inspection: | 28/3/18 |

Fire Safety:

Fire door held open with string and a bag of rubbish in the stairwell to first floor in main building.

Rice Cookers and/or hot plates in rooms 101, 108, 125, 126, 112, 115, 136, & 237
Room 136 & 224 had smoke detector covered

Food Safety:

Drain cover needs replacing outside kitchen door

Dry goods store fly screen needs repair.

Some bins were uncovered

Bedrooms:

Dampness needs addressing in rooms 3, 4, 109, 114, 112, 115, 116, 226, & 217

Room 1 – Skirting broken

Rooms 3,4,9,14 & 226 need cleaning

1st Floor shower needs cleaning

Annex beside bungalow needs shower cleaned and painted.

116 hole in room wall

117 bathroom door broken

119 bathroom grout needs cleaning

121 light in bathroom cracked

127 Door handle broken

133 sink broken

207 Silicone around bath needs repair

212 Ceiling around fan damaged

231 Bath taps leaking

241 Light switch broken

102 light is broken

223 window restrictor missing

Other issues:



The Montague, Emo, Portlaoise, Co. Laois

Ph 057-8633019 Fax 057-8633036

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

21st June 2018

Re: Inspection at the Montague Hotel on the 28th of March 2018

Dear Marie

I refer to your letter dated 7th June 2018 and reply as follows

Fire Safety

- Bag of rubbish and string holding door removed on the day of inspection
- Rice cookers and or hotplates removed from rooms 101, 108, 125, 126, 112, 115, 136 & 237
- Rooms 136 & 224; covers on smoke heads removed on day of inspection, Manager has spoken to residents and explained importance of fire safety

Food Safety

- Drain cover replaced in rear yard
- Fly screen has been changed and replaced with new
- Residents had left some bin lids open, staff will monitor more closely in future

Bedroom Issues

- Room's 3, 4, 109, 114, 112, 115, 116, 226 & 217 have been treated and repainted
- Room 1 Skirting repaired and replaced
- Room's 3, 4, 9, 14, and 224 deep cleaned, manager has spoken to residents about the up keep of their rooms
- First floor shower deep cleaned, and staff cleaning cycle has been increased
- Annex bathroom has been deep cleaned, repainted and cleaning cycle has increased for staff members
- Room 116 hole in wall plastered and repainted
- Room 117 bathroom door repaired
- Room 119 grout in bathroom cleared and refreshed
- Room 121 bathroom light cover replaced
- Room 127 Door handle replaced
- Room 133 sink replaced
- Room 207 bath re-siliconed
- Room 212 Ceiling re-plastered and repainted
- Room 231 Bath taps replaced
- Room 241 light fitting replaced
- Room 102 Light replaced
- Room 223 window restrictor replaced

Other Issues

- None noted thank you

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
Fazyard Limited
Clondalkin Towers
Ninth Lock Road
Clondalkin
Dublin 22

7th June, 2018

Dear Mr Lyons,

QTS on behalf of the Reception and Integration Agency carried out an inspection at the **Montague Hotel** on 28th March, 2018. A copy of the report is enclosed for your attention and I apologise for the delay in forwarding this report to you. 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 21st June, 2018 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