

# **IPPS/IPAS Inspection Report**

<b>Centre:</b>	<b>Montague</b>
<b>RIA Inspector:</b>	<b>Killian Morgan/Colm Downey</b>
<b>Date of Inspection:</b>	<b>21/10/2021</b>
<b>Time of Arrival &amp; Departure:</b>	<b>09:30 – 14:45</b>

*Part 1*  
*General Information on Services*

*Centre:* **Montague Hotel  
Accommodation Centre**

*Date of Inspection:* *21 October 2021*

**1. CENTRE DETAILS**

Name and address of Centre	The Montague, Emo, Portlaoise, Co. Laois
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Contractor	Sean Lyons
Manager	Darren Cheshire
Who deputises for manager in his/her absence?	<b>Give Job Title only</b> Assistant Manager

Telephone Number	057 - 8633036
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Current Contracted Capacity	202
Current Occupancy (today)	187
Current Centre Profile (e.g., singles families etc.)	Families, single males/females

HSE Area	Portlaoise
Public Health Nurse	Francis Keely
DSP / CWO name	John Redmond
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"/>
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	<b>8:00am - 8:00pm, 8:00pm - 8:00am</b>
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?	<b>2 - 1 x office and 1 x kitchen</b>
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: <b>Manager</b>
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?	<b>Gas</b>
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?	<b>Heating is on a timer</b>
What are the heating 'ON' times?	<b>06:00-11:30, 15:00-19:00, 21:00-02:30</b>

### 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?	<b>The manager explains the house rules to new residents on arrival</b>

**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	<b>The main door is manned 24/7</b>
Are there procedures to allow residents to receive visitors? (Give details)	<b>Yes, in certain areas. Visitors sign in at reception. Suspended due to Covid</b>
Outline visiting times :	<b>09:00am - 10:00pm</b>
In what areas are visitors allowed in the centre?	<b>Dining area and communal area</b>
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	<b>Yes, there is a storeroom available</b>
What toiletries are provided to residents on arrival?	<b>Items can be purchased from the on-site shop</b>
What arrangements are in place to replenish these items?	<b>See above</b>

**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:	<b>There is a maintenance log book in place at reception</b>

**8 CHILD PROTECTION**

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	<b>Yes, they are issued with a copy of the Child Protection Policy</b>
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	<b>Yes</b>
Where is declaration held?	<b>Reception</b>
Is there a sign in book for visitors? Where?	<b>Yes, at reception</b>
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	<b>Yes, at reception</b>
Have Designated Liaison Persons received HSE training?	<b>Yes</b>
Are notices prominently displayed regarding parental supervision of children? Where?	<b>Yes, throughout the centre</b>

## 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:	<b>19/07/2021</b>

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

Are residents consulted regarding menu / dietary requests? (Give details.)	<b>The centre is independent living and there is an on-site shop in the centre</b>
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> <li>• Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other?</li> <li>• Drinks? Juice? Water?</li> <li>• Yogurt?</li> <li>• Fruit?</li> <li>• Other</li> </ul>	Please also provide details of the system for distribution of school lunches:
Is infant formula kept out of public view?	<b>Available from the shop</b>
What arrangements are in place for distribution of infant formula?	<b>See above</b>

## 11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

**The centre is independent living and has an on-site shop**

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

## 12 FACILITIES FOR FEEDING BABIES

<b><i>Are the following available?</i></b>	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) <i>*Expressed Breast Milk</i>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Bottle Warmer	Yes <input checked="" type="checkbox"/>	No <input 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"/>
		<b>Doctor's room available</b>

## 13 INDOOR FACILITIES

<b><i>Are the following available to residents?</i></b>	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
Toys / games for children	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other		
Give details of any other arrangement or other comments:		

## 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?	<b>Portlaoise</b>
What is the frequency of the service? (List time table opposite)	<b>Copy of bus time table attached</b>

**15 TV SYSTEM**

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Sky TV available in ground floor communal room and the Oak Room on 1<sup>st</sup> floor</b>
An average, how many TV channels are provided to residents?	<b>Over 100 channels</b>
Are residents allowed to erect satellite dishes?	<b>No</b>

**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)	<b>Residents</b>
What procedures are in place for the exchange of towels and bed linen at the centre?	<b>Available on request from reception</b>
What procedures are in place for ironing boards and irons?	<b>Available in laundry room</b>
How is washing powder / tablets supplied?	<b>Available on request from reception</b>
Are there specific arrangements for access to the laundry (give details):	<b>Open 24/7</b>

**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?	<b>Items can be purchased from the on-site shop</b>
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	<b>Available from reception</b>
What arrangements are in place if rooms are not cleaned sufficiently by residents?	<b>Manager will discuss issue with the resident and staff will provide assistance, if necessary</b>



## *PART 2*

### *Room by Room Inspection*

*Centre: Montague Accommodation Centre*

*Date of Inspection: 21 October 2021*

## Section A- Administration / Communal areas

### 17 Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	Reception area
Complaint Forms	<input checked="" type="checkbox"/>	Reception area
Accident/ Incident procedure	<input checked="" type="checkbox"/>	Manager's office

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	Reception area
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	Reception area
Supervision of children notice	<input checked="" type="checkbox"/>	Reception area and throughout the centre
Gym Notices (Child Safety – if applicable)	<input checked="" type="checkbox"/>	Gym door
IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	Reception area

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

### 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? <b>There is an induction for staff on commencement of employment</b>	

*\*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>
14/10/2021	Weekly inspection by staff	
05/10/2021		

### 19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken ( Y/N)	Sign Off Y/N
20/10/2021 19/10/2021	Staff	<input checked="" type="checkbox"/>		No	Yes
30/08/2021	Kevin Coleman Electrics	<input checked="" type="checkbox"/>	Inspection and testing	Yes	Yes

### 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
20/10/2021 19/10/2021	Staff	<input checked="" type="checkbox"/>	None	No	Yes
25/05/2021	Sharp Group Fire & Security Services	<input checked="" type="checkbox"/>	Extinguisher maintenance & service	Yes	Yes

Checked daily by Security/Night Porter

### 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
20/10/2021	Security/Night Porter	<input checked="" type="checkbox"/>		No	Yes
19/10/2021	Security/Night Porter	<input checked="" type="checkbox"/>		No	Yes

**19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE**

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
<b>09/05/2021 11:00am</b>	<b>2</b>	<b>99/99</b>	<b>16 mins</b>	<b>Full evacuation</b>
<b>23/12/20 10:00am</b>	<b>2</b>	<b>106/106</b>	<b>20 mins</b>	<b>Full evacuation</b>

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

**19f STAFF INSTRUCTION AND TRAINING (Fire Safety)**

Job Description	Course	Instructor	Duration	Date
<b>All staff</b>	<b>Fire Extinguisher Training</b>	<b>A.L.E.R.T Fire Safety</b>	<b>3 hrs</b>	<b>03/06/11</b>
<b>3 staff</b>	<b>Refresher on site training</b>	<b>Staff</b>	<b>95 mins</b>	<b>11/12/17</b>

**Advised centre manager that further training should be scheduled soon.**

**19g FIRE EXITS, EMERGENCY LIGHTING, SMOKE ALARMS, FIRE NOTICES**

(in corridors & common areas)

Are fire exits clear from obstruction?	<b>Yes</b>
Are they unlocked?	<b>Yes</b>
Are fire exits clearly posted throughout the building?	<b>Yes</b>
Are all fire doors kept closed?	<b>Yes</b>
Comments:	

## Administration Area:

### Reception:

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? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		

### Manager's 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? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		

### Doctors room/ PHN/ social welfare room/ meeting room

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? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		

### 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? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail: <b>Football table, slide, horse, chairs and tables. Doors leading out onto the childrens' outdoor playing area.</b>		

### Adult Communal Room:

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? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail: <b>TV, computer, pool table – all sky channels plus drinks &amp; sweet machine</b>		

**Gym :**

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? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail: <b>Gym has a threadmill, weights machine, punch bag, 2 x bench press and weights.</b>		

**Family rooms x 7**

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? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		

## Food Hall - Shop

Is the till system in place Electronic POS:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Relevant Certification (halal meats) in place/on display:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Is there appropriate storage; shelving, cold storage, dry storage:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Were the points value of the items clearly displayed:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Is the area generally clean:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If <b>no</b> for <b>any</b> of the above, please give details:				
<b>Visual Check:</b> Have you noticed any issues requiring attention?    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>(Products in date, fresh food, ethnic food, Halal food, variety available, suitable range of food products, toiletries and cleaning materials.)</b>				
If <b>yes</b> to any issues please give detail:				
Do food products available in the food hall reflect the reasonable needs of the different ethnic groups; e.g. the provision of halal food for Muslim residents, the provision of food for gluten free, vegetarian, vegan residents, etc.				
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
If <b>no</b> please give details:				
<b>Products (Available) Check:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Adequately stocked in order to provide a choice for residents. Meat, fish (including oily fish); Eggs; Non-meat proteins such as pulses, beans and tofu; Dairy products including fortified milk; Variety of breakfast cereals, including porridge; Potatoes, wholegrains, rice and pasta; Fresh fruit and vegetables; Olive, rape and other cooking oils; Spices and sauces; Ethnic goods; Tea, coffee and other hot drinks; Sweets, pastries and carbonated drinks.				
<b>Please Insert/List Some Items/Products Below;</b>				
<b>Item/Product:</b>	<b>Points Value:</b>	<b>Expiry Date on</b>		
<b>Product:</b>				
Chicken legs x 4	2.50	23/10/2021		
Rice 5 Kg	4.99			
Milk 2 Ltr	1.95	29/10/2021		
Onions 1 Kg	1.10			
Baby food 1 Kg	7.99			

**Overall Comments/Additional Comments:**

**Food hall in excellent condition. Shelves are well stocked with a wide variety of goods, fruit and veg available.**

**Social distancing practised in the area, with only staff handling the products. The area is kept clear and very clean.**



Dining area is open at all times, however food is no longer served here and centre is Independent Living. There is a fully stocked shop in which residents can purchase food and toiletries, as necessary.		
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### Residents kitchen

Is the area generally clean? <b>Yes</b>
If no please give details:
Visual Check: Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other comments: <b>There are 8 gas and 2 electric cooking stations available. 8 ovens and 8 fridges also available. 6 additional cooking stations coming into service on 25/10/2021</b>

### PUBLIC TOILET (State Location – Ground Floor beside reception area) 3 public toilets for Males / Females / Wheelchair

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Wheelchair	<b>1</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ladies:	<b>3</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gents:	<b>3</b>	<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.					<b>20/10/2021</b>	
Is the area clean? (provide comment)					Yes, area was clean and tidy	
Are all facilities working?					Yes <input type="checkbox"/> No * <input checked="" type="checkbox"/>	
Visual Check: Have you noticed any issues requiring attention?					Yes* <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If *, give details: <b>1 cubicle in the Gents is currently out of service</b>						

## **OUTDOOR GROUNDS / FACILITIES**

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	<input type="checkbox"/>	<input checked="" 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 : <b>There is an outdoor play area adjacent to the internal play area with treehouse and equipment. There is also a small football pitch and basketball court in the grounds.</b>				

## **LAUNDRY ROOM**

	Washing Machines	Dryers
Number	<b>8</b>	<b>7</b>
Do they appear to be in working order <b>No</b>		
Comments: <b>1 washing machine is scheduled to be replaced</b>		

# Bedrooms:

## CLEANING (General Arrangements)

How often are bedrooms inspected?	Weekly <input type="checkbox"/> Monthly <input checked="" 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?	<b>Cloths, Sprays, sponges, shake and vac, brushes, hoovers ,toilet cleaner, window cleaner</b>
What arrangements are in place if rooms are not cleaned sufficiently by residents?	<b>Resident will be encouraged to clean rooms if not being done. Staff will provide assistance, if necessary.</b>

## The Bungalow: Male only accommodation

<b>ROOM NUMBER 1</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>2</b>
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:				

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

<b>ROOM NUMBER 3</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>2</b>
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:				

<b>ROOM NUMBER 4</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>2</b>
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: <b>Smoke alarm covered – removed during inspection.</b>				

<b>ROOM NUMBER 5</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input 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:				

<b>ROOM NUMBER 6</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>1</b>
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: <b>Adaptor plugged into adaptor.</b>				

<b>ROOM NUMBER 7</b>				
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: <b>Damaged heater removed during inspection.</b>				

<b>ROOM NUMBER 8</b>				
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: <b>Musty smell in room. Advised by manager that there was a leak which has been repaired.</b>				

### ANNEX -- Kitchenette – Ground Floor

Shared Kitchen – 2 cookers, kettle, toaster, microwave and fridge	
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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes please detail:	

### GROUND FLOOR TOILETS & SHOWERS

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
	2 toilets, sinks & 2 showers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a cleaning schedule displayed?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Record the last time entry					20/10/21	
Is the area clean? (provide comment) yes						
Are all facilities working?					Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>	
Visual Check: Have you noticed any issues requiring attention?					Yes* <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If * give details: recently painted						

<b>ROOM NUMBER 9</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		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:				

<b>ROOM NUMBER 10</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		4		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: Adaptor plugged into adaptor.				

<b>ROOM NUMBER 11</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		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 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: Smoke alarm covered – removed during inspection.				

<b>ROOM NUMBER 12</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		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 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:				

<b>ROOM NUMBER 14</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		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 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 untidy and very cluttered.				
<b>ROOM NUMBER 15</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		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 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: Fire evacuation map to be replaced.				
<b>ROOM NUMBER 16</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		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: Air vents taped up – advised that they should be removed.				
<b>ROOM NUMBER 17</b>				
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:				

## 1ST FLOOR TOILETS & SHOWERS

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
	3 toilets, 2 sinks & 3 showers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a cleaning schedule displayed?					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Record the last time entry. <b>20/10/21</b>						
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 * give details: <b>Tile above basin to be replaced.</b>						



## Main building:

<b>ROOM NUMBER 101</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3</b>		<b>2</b>
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: <b>Room to be cleaned/painted – very cluttered.</b>				

<b>ROOM NUMBER 102</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2</b>		<b>2</b>
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: <b>Floor boards to be repaired.</b>				

<b>ROOM NUMBER 103</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3</b>		<b>4 (offered alternative room)</b>
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: <b>Ensuite ceiling to be cleaned/painted. Fire evacuation map missing.</b>				

<b>ROOM NUMBER 104</b>
------------------------

Room Profile:		Room Capacity:		Room Occupancy:	
Shared male		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: <b>Room requires cleaning. Light fitting to be repaired. Evidence of smoking in room.</b>					

<b>ROOM NUMBER 105</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 106</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>2</b>		<b>2</b>
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"/>				
<b>If *, please give details: Bathroom ceiling requires attention.</b>				

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

<b>ROOM NUMBER 108</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>2</b>		<b>1</b>
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"/>				
<b>If *, please give details:</b>				

<b>ROOM NUMBER 109</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
<b>If *, please give details: Air vent blocked – advised that it should be removed.</b>				

<b>ROOM NUMBER 110</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared male</b>		<b>3</b>		<b>2</b>
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 type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No* <input type="checkbox"/>				
<b>If *, please give details: Not inspected</b>				

<b>ROOM NUMBER 111</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared male</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 112 and 115 interlinked</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3 &amp; 3</b>		<b>3 &amp; 3</b>
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:				

<b>ROOM NUMBER 114</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>3</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 116</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3</b>		<b>2</b>
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: <b>Fire evacuation map missing.</b>				

<b>ROOM NUMBER 117</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		<b>3</b>		<b>4 (offered alternative room)</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details				

<b>ROOM NUMBER 118</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		<b>2</b>		<b>1</b>
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: <b>Ensuite ceiling to be painted.</b>				

<b>ROOM NUMBER 119</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		<b>3</b>		<b>2</b>
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:				

<b>ROOM NUMBER 120</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		<b>3</b>		<b>4 (offered alternative room)</b>
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:				

<b>ROOM NUMBER 121</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3</b>		<b>2</b>
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"/>				
<b>If *, please give details: Room very cluttered.</b>				

<b>ROOM NUMBER 122</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared male</b>		<b>3</b>		<b>2</b>
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"/>				
<b>If *, please give details: Adaptor plugged into adaptor.</b>				

<b>ROOM NUMBER 123</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared</b>		<b>3</b>		<b>2</b>
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"/>				
<b>If *, please give details: Adaptor plugged into adaptor</b>				

<b>ROOM NUMBER 124</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
<b>If *, please give details:</b>				

<b>ROOM NUMBER 125</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3</b>		<b>2</b>
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"/>
<b>If *, please give details: Room untidy. Freezer to be removed.</b>				

<b>ROOM NUMBER 126</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared male</b>		<b>2</b>		<b>0</b>
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 type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No* <input type="checkbox"/>
<b>If *, please give details: Room under refurbishment</b>				

<b>ROOM NUMBER 127</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared male</b>		<b>3</b>		<b>1</b>
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 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"/>
<b>If *, please give details: Bulb to be replaced</b>				

<b>ROOM NUMBER 128</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared male</b>		<b>3</b>		<b>2</b>
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"/>
<b>If *, please give details:</b>				



<b>ROOM NUMBER 129</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared male</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 130</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared female</b>		<b>3</b>		<b>1</b>
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"/>
<b>If *, please give details: Room very untidy – requires cleaning.</b>				

<b>ROOM NUMBER 131</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared female</b>		<b>3</b>		<b>2</b>
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"/>
<b>If *, please give details:</b>				

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

<b>ROOM NUMBER 133</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3</b>		<b>4</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 134</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared female</b>		<b>3</b>		<b>2</b>
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"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 135</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 136</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared female</b>		<b>3</b>		<b>3</b>
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"/>
<b>If *, please give details: Smoke alarm covered – removed during inspection.</b>				

<b>ROOM NUMBER 137</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 138</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared male</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
<b>If *, please give details:</b>				

### Communal Room

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? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		

### Teenage Room - 1<sup>st</sup> Floor

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? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		

<b>ROOM NUMBER 201</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared male</b>		<b>3</b>		<b>2</b>
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"/>				
<b>If *, please give details: Ensuite ceiling to be painted</b>				

<b>ROOM NUMBER 202</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3</b>		<b>3</b>
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"/>				
<b>If *, please give details: Room and ensuite to be painted.</b>				

<b>ROOM NUMBER 203</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared male</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
<b>If *, please give details:</b>				

<b>ROOM NUMBER 204</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared male</b>		<b>3</b>		<b>2</b>
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"/>				
<b>If *, please give details: Evidence of smoking in the room.</b>				

<b>ROOM NUMBER 205</b>				
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"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 206</b>				
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"/>
<b>If *, please give details:</b>				

<b>ROOM NUMBER 207</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared male		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"/>
<b>If *, please give details: Tile in bathroom to be repaired.</b>				

<b>ROOM NUMBER 208</b>				
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"/>
<b>If *, please give details: Smoke alarm covered – removed during inspection. Evidence of smoking in room.</b>				

<b>ROOM NUMBER 209</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared male		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:				

<b>ROOM NUMBER 210</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared male		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:				

<b>ROOM NUMBER 211</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared male		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 checked="" type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details: Fire evacuation map to be replaced.				

<b>ROOM NUMBER 212</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared male		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:				

<b>ROOM NUMBER 214</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared male		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 <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 215</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared female		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 <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 216</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared female		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:				

<b>ROOM NUMBER 217</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		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"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Adaptor plugged into adaptor				

<b>ROOM NUMBER 218 interconnecting with 220</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3 & 3		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: Rooms to be painted.				

<b>ROOM NUMBER 219</b>				
Room profile :		Room Capacity:		Room Occupancy:
Family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details: Room under refurbishment				

<b>ROOM NUMBER 221</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared female		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:				

<b>ROOM NUMBER 222</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared female		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 <input type="checkbox"/> No * <input checked="" type="checkbox"/>				
If *, please give details: Tiles in bathroom to be cleaned.				



<b>ROOM NUMBER 223</b>				
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 <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 224</b>				
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:				

<b>ROOM NUMBER 225</b>				
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 <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 226</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared Male		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"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 227</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No* <input type="checkbox"/>				
<b>If *, please give details: Room under refurbishment</b>				

<b>ROOM NUMBER 228</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared female</b>		<b>3</b>		<b>2</b>
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"/>				
<b>If *, please give details: Room to be cleaned and painted.</b>				

<b>ROOM NUMBER 229</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared males</b>		<b>2</b>		<b>1</b>
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"/>				
<b>If *, please give details: Room to be cleaned and painted. Fire evacuation map to be replaced.</b>				

<b>ROOM NUMBER 230</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared female</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
<b>If *, please give details:</b>				

<b>ROOM NUMBER 231</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared female		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: Ensuite ceiling to be painted.				

<b>ROOM NUMBER 232 interconnecting with 233</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3 & 3		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: Room very untidy – to be cleaned and painted.				

<b>ROOM NUMBER 234</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared male		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"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 235</b>				
Room Profile:		Room Capacity:		Room Occupancy:
Shared females		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:				

<b>ROOM NUMBER 236</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Shared females</b>		<b>3</b>		<b>2</b>
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"/>				
<b>If *, please give details:</b>				

<b>ROOM NUMBER 237</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Single female</b>		<b>3</b>		<b>2</b>
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"/>				
<b>If *, please give details:</b>				

<b>ROOM NUMBER 238</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Single males</b>		<b>3</b>		<b>2</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
<b>If *, please give details:</b>				

<b>ROOM NUMBER 239</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3</b>		<b>3</b>
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 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"/>				
<b>If *, please give details: Ensuite ceiling to be painted. Fire evacuation map missing.</b>				

<b>ROOM NUMBER 240</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Single males</b>		<b>3</b>		<b>1</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
<b>If *, please give details:</b>				

<b>ROOM NUMBER 241</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3</b>		<b>3</b>
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
<b>If *, please give details:</b>				

<b>ROOM NUMBER 242</b>				
Room Profile:		Room Capacity:		Room Occupancy:
<b>Family</b>		<b>3</b>		<b>2</b>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
<b>If *, please give details: Fire evacuation map to be replaced.</b>				

## **General Representations**

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

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

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

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

**Personal representations should be recorded in Part 3.**

**Manager should be asked to sign this declaration.**

This inspection, by a RIA official, is primarily to examine how the terms of the Contract are being complied with in the centre.

The manager accepts that the person carrying out the inspection is not charged with certifying the centre is in compliance with all fire safety regulations. The manager agrees that the information provided above is correct.

**Signed:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*\*\*\*\*

**Manager should be asked to sign this declaration.**

This inspection, by a RIA official, is primarily to examine how the terms of the Contract are being complied with in the centre.

The manager accepts that the person carrying out the inspection is not certifying that the centre is in compliance with all food safety regulations. The manager agrees that the information provided above is correct.

**Signed:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Re: Inspection at the Montague Hotel on the 21<sup>st</sup> October 2021**

Dear Amanda

I refer to your email dated the 3<sup>rd</sup> of November 2021, and reply is as follows:

**Fire Safety**

- Further Fire training to be held in December 2021

**Food Safety**

- No issues noted thank you

**Bedroom Issues**

**Bungalow**

- Room 4: Smoke alarm uncovered on day of inspection, warning issued
- Room 6: Adaptor removed from room on day of inspection
- Room 7: Damaged heater removed from room on day of inspection
- Room 8: Room cleaned, leak repaired

**Annex**

- Room 10: Adaptor removed from the room
- Room 11: Smoke alarm uncovered on day of inspection, warning issued
- Room 14: Room cleaned by resident
- Room 15: Fire Evacuation map replaced
- Room 16: tape removed from air vents
- First floor toilet tile replaced

**Main Building**

- Room 101: Room repainted and tidied up
- Room 102: Flooring repaired
- Room 103: Ensuite ceiling repainted, Fire Evacuation map replaced
- Room 104: Room cleaned, light fitting replaced, manager has issued warning, can IPAS issue warning also as this has been reoccurring
- Room 106: Bathroom ceiling repainted
- Room 109: Air vent cleared
- Room 116: Fire Evacuation replaced
- Room 118: Ensuite ceiling repainted
- Room 121: Resident requested to put some items in to storage
- Room 122: Adaptor removed from room on day of inspection
- Room 123: Adaptor removed from room on day of inspection
- Room 125: Room cleaned and freezer removed
- Room 126: Refurbishment completed
- Room 127: Bulb replaced
- Room 130: Room deep cleaned
- Room 136: Smoke alarm uncovered on day of inspection, warning issued
- Room 201: Ensuite repainted
- Room 202: Bedroom and ensuite repainted
- Room 204: Smoking in room manager has issued warning, can IPAS issue warning also reoccurring problem
- Room 207: Tile in bathroom repaired
- Room 208: Smoking in room manager has issued warning, Adaptor removed from room on day of inspection
- Room 211: Fire Evacuation map replaced
- Room 217: Adaptor removed from room on day of inspection



- Rooms 218 & 220: Rooms scheduled to be repainted when occupancy allows
- Room 219: Refurbishment completed
- Room 222: Tiles in bathroom cleaned
- Room 227: Refurbishment completed
- Room 228: Room cleaned and repainted
- Room 229: Room cleaned and repainted, Fire Evacuation map replaced
- Room 231: Ensuite ceiling repainted
- Room 232 & 233: Rooms scheduled to be repainted when occupancy allows
- Room 239: Ensuite ceiling repainted, Fire Evacuation map replaced
- Room 242: Fire Evacuation map replaced

**Other Issues**

- Cubicle in Gents back in service
- Additional cooking stations are open
- Washing machine in Laundry replaced

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

Yours sincerely

*Graham Carry*

Graham Carry