

IPPS/IPAS

Inspection Report

Centre:	Millstreet Drishane Castle
IPAS Inspector:	Graham Farrell & Shelley Cummins
Date of Inspection:	2nd December, 2021
Time of Arrival & Departure:	10.30am – 5.00pm

Part 1
General Information on Services

Centre: **Drishane Castle,
Millstreet**

Date of Inspection: 2nd December 2021

1. CENTRE DETAILS

Name and address of Centre	Millstreet Accommodation Centre, Drishane Castle, Millstreet, Co. Cork.
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Contractor	Millstreet Equestrian Services Ltd.
Manager	Karol Smiech
Who deputises for manager in his/her absence?	Give Job Title only Manager

Telephone Number	029-71008
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Current Contracted Capacity	350
Current Occupancy (today)	206
Current Centre Profile (e.g., singles, families etc.)	Families and singles

HSE Area	HSE South
Public Health Nurse	Cecelia Roche PHN on Mon, Tues and Wed and Dr. Sabina Vassey, HSE on Tuesdays
DSP / CWO name	Mary O'Brian
Environmental Health Officer name	Caroline Smyth
Local Fire Officer Name	Dave O'Dowde
Local Fire Station	Millstreet Fire Station

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 checked="" 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	<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:	7.30am – 5.30pm 5.30pm – 9.30pm 9.30pm – 7.30am
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	N/A
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 IPAS 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?	3 – 1 x reception, 1 x kitchen and 1 x office.
Who is responsible for first aid restocking?	Job title <i>only</i> (not name) of person responsible: Manager
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?	Oil, Electric and Gas heating
Do residents have control of the heating in their own bedroom?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Residents can control temperature
If no, what arrangements are in place?	Seasonal timer
What are the heating 'ON' times?	24 hrs – timer on/off

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?	Management explain rules on arrival and answer any queries on same

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	All main doors remain unlocked
Are there procedures to allow residents to receive visitors? (Give details)	Yes, visitors must sign in/out in visitor's book.
Outline visiting times:	8.00am- 10.00pm
In what areas are visitors allowed in the centre?	Social rooms
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	There is storage available for excess baggage, storage room for valuables in the Main House.
What toiletries are provided to residents on arrival?	Shampoo, shower gel, toothpaste, soap, washing-up liquid, washing tablets
What arrangements are in place to replenish these items?	Buy with points in online shop.

7. ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there a maintenance day book? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Describe the maintenance procedure at the centre: Residents can inform reception of any maintenance issues and they are addressed as soon as practicable.	

8. CHILD PROTECTION

Are measures in place to inform staff and visitors of IPAS child protection policy?	Yes
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	Yes
Where is declaration held?	Manager's office
Is there a sign in book for visitors? Where?	Yes, in the reception area
Are there notices on public display giving name and contact details of Designated Liaison Person?	Yes
Have Designated Liaison Persons received HSE training?	Yes
Are notices prominently displayed regarding parental supervision of children? Where?	Yes, reception

9. FOOD SAFETY – (Centre is now independent living and there is an online food store)

Has a HACCP system been implemented? (Yes/No)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of last visit:	January 2019

10. NUTRITION / SCHOOL LUNCHES / BABY FORMULA (General Arrangements)

Are residents consulted regarding menu/dietary requests? (Give details.)	No - shop now onsite
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> • Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other? • Drinks? Juice? Water? • Yogurt? • Fruit? • Other 	Shop now on site
Is infant formula kept out of public view?	No
What arrangements are in place for distribution of infant formula?	Buy on points from the online shop

11. FACILITIES FOR FEEDING BABIES

<i>Are the following available?</i>	N/A	
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sterilisers	Yes <input type="checkbox"/>	No <input checked="" 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
Microwave	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are these facilities available 24 hours a day	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a dedicated room provided? Where? Tea rooms in each house	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

12. INDOOR FACILITIES

<i>Are the following available to residents?</i>	Yes/No	
Computers with Internet access	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
WIFI	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

DVD player	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Computer Games	Yes <input checked="" type="checkbox"/>	No <input 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 checked="" type="checkbox"/>	No <input 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	Cinema for children once a week.	
Give details of any other arrangement or other comments:	Social room available for birthday parties or any other social gathering. Library and class room now available in the centre.	

13. TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Where does the service go?	Millstreet shuttle bus service - 5 days a week	
What is the frequency of the service? (List time table opposite)	From 9.00 am - 5.00 pm. (Mon-Fri) Every 30 minutes From 9.00am – returning 1.00pm (Saturday) Every 30 minutes	

14. TV SYSTEM

Is there a specific TV system in place? (Give details)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
An average, how many TV channels are provided to residents?	Saorview 500 Channels	
Are residents allowed to erect satellite dishes?	No – Dishes are provided by the centre	

15. 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 bed linen? (e.g., residents, staff, other, etc)	Residents and staff, if required.	
What procedures are in place for the exchange of towels and bed linen at the centre?	Fresh linen is provided on request. Linen replaced every 6 months	
What procedures are in place for ironing boards and irons?	In laundry rooms.	
How is washing powder/tablets supplied?	Shop	
Are there specific arrangements for access to the laundry (Give details):	Laundry open 24/7. Laundry facilities in three locations in the centre.	

16. CLEANING (General Arrangements)

Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/> No
What cleaning equipment is available to residents?	Buy on points from the on-site shop.
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Available from reception.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Cleaned by staff, if necessary.

PART 2

Room by Room Inspection

*Centre: Millstreet
Accommodation Centre*

Date of Inspection: 2nd December 2021

Section A- Administration / Communal areas

17. Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	Corridors, reception & office
Complaint Forms/Complaints can also be submitted by e-mail	<input checked="" type="checkbox"/>	Reception and office
Accident/Incident procedure	<input checked="" type="checkbox"/>	Log book at reception
HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	Corridors and reception
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	Reception and office
Supervision of children notice	<input checked="" type="checkbox"/>	Corridors and reception
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	No gym in the centre
IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	Corridors and reception
Anti Human-Trafficking Posters	<input checked="" type="checkbox"/>	Corridors and reception
'NO to Violence & Harassment' Posters	<input checked="" type="checkbox"/>	Corridors and reception

18. Staff Awareness

Did you see the IPAS Code of Practice*?	<input checked="" type="checkbox"/>
Are all staff aware of IPAS Code & House Rules?	<input checked="" type="checkbox"/>
How are staff made aware of IPAS Code & House Rules? At induction, staff sign off on House Rules and IPAS Code of Practice. Signed copies kept in manager's office.	

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

19. FIRE SAFETY

You should record the last two 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>
29/11/2021	Assistant Manager	All ok (done weekly)
29/06/2021	P Lyons Electrical	All ok

Pat Lyons, Electrical Contractor, Quarterly check

19b. FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
29/11/2021	Staff - Weekly	<input checked="" type="checkbox"/>		N	Y
19/11/2021	Allied Fire	<input checked="" type="checkbox"/>	Service	N	Y

**Quarterly check by Allied Fire Protection
Weekly bell checks carried out by staff weekly**

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
31/08/2021	MFS	<input checked="" type="checkbox"/>	None	N	Y
01/11/2021	Staff	<input checked="" type="checkbox"/>	None	N	Y

Munster Fire & Safety service and refills on 06/02/2019 (every 6 months)

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
30/11/2021	Night porter	<input checked="" type="checkbox"/>	None	N	Y
01/12/2021	Night porter	<input checked="" type="checkbox"/>	None	N	Y

19e. FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated	Evacuation Time	Comments
11/11/21@11.03am	2 staff	8	4 min	Redwood
17/11/21@11.19am	7 staff	32 and 1 not evacuated	5 min	Drishane Castle
18/11/21@04.47pm	2 staff	13	4 min	Lodge
19/11/21@05.16pm	3 staff	10 and 2 not evacuated	5 min	Orchard
19/11/21@05.16pm	2 staff	14	5 min	Courtyard House
19/11/21@05.16pm	2 staff	12 and 3 not evacuated	5 min	Carrie House
20/11/21@01.49pm	2 staff	11	4 min	Riverview
22/11/21@05.27pm	2 staff	17	4 min	Nova
23/11/21@04.53pm	2 staff	27 and 8 not evacuated	5 min	Lakeside

*Advised manager that the next fire drill for all the houses should be conducted in the dark.

19f. STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
14 Staff	Evacuation and fire procedures training	Munster Fire & Safety	Half day	06/10/2016

Two new staff joined centre since last training and should be sent for fire training (recommended again on 23/05/2019, 21/09/2020 & 02/12/2021) It was mentioned that all staff should do a refresher course on Fire Safety. Course on hold due to Covid-19.

19g. FIRE ASSEMBLY POINTS

Are the fire exits clear from obstruction	Yes
Are they unlocked	Yes
Are fire exits clearly posted throughout	Yes
Are all fire doors kept closed	Yes
Comments: N/A	

19h. FIRE ALARM SYSTEM

Is there a fire alarm system in place?	Yes
Are there smoke alarms throughout the premises, including bedrooms?	Yes
Are all smoke alarms linked back to a central control panel?	Yes
Are there designated 'Smoking' areas? <i>Include locations</i>	No
Comments: Smoking is allowed outside the buildings.	

Administration Area:

Reception: The Castle

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

CLEANING (General Arrangements)

How often are bedrooms inspected?	Twice weekly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Due to Covid bedrooms are being inspected every 2 weeks
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"/>	As 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?	Brushes, vacuums, cloths and detergents.		
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Cleaned by staff, if required.		

All rooms and apartments should be inspected by staff on at least a monthly basis to check on fire safety, health and safety and maintenance issues.

OUTDOOR GROUNDS / FACILITIES

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (i.e. evidence of rubbish etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you have rated * please provide details and comments:				
Are there any facilities available for children outdoors?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
Comments: Playground with swings, slides, seesaw and climbing frame. Area has seating for parents.				

THE CASTLE

PARTS OF THIS BUILDING HAVE BEEN RENOVATED AND OTHER PARTS ARE UNDERGOING RENOVATION.

COMMUNAL ROOMS – (State Location): ground floor in Main House

Is the walkway through the area clear	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are the exit signs clearly marked	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
General Seating Area		
Is the seating in good condition?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
What is the area generally used for?	Prayer room also used for English and other classes Large hall used for parties/ and Sports activities Homework club	
Any other comments? If yes please detail:		

Playroom/ mother and child :

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

LAUNDRY ROOM

	Washing Machines	Dryers
Number	16	16
Do they appear to be in working order? Yes		
Comments: 2 ironing boards and 2 irons attached to wall		

CORRIDORS (The Castle):

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

ROOM NUMBER 1 to 3 (Under renovation)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

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

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

ROOM NUMBER 7				
Room Profile:		Room Capacity:		Room Occupancy:
Single females		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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details: Room was cluttered				

ROOM NUMBER 8				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 9 (Room is Vacant)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		0
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:				

ROOM NUMBER 10 (Room is Vacant)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		6		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 13				
Room Profile:		Room Capacity:		Room Occupancy:
Family		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input 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: Dresser blocking door, fire hazard.				

ROOM NUMBER 14				
Room Profile:		Room Capacity:		Room Occupancy:
Single Male		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 needs to be painted. Mould in shared bathroom				

ROOM NUMBER 15				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: Mould in shared bathroom. Hot plate in room				

ROOM NUMBER 16				
Room Profile:		Room Capacity:		Room Occupancy:
Single Person		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 17 & 19 (Room is Vacant)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2 & 2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 18				
Room Profile:		Room Capacity:		Room Occupancy:
Family		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Room is very cluttered				

ROOM NUMBER 20				
Room Profile:		Room Capacity:		Room Occupancy:
Family		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input 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: Hot Plate in room				

ROOM NUMBER 21				
Room Profile:		Room Capacity:		Room Occupancy:
Couple		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: Hot Plate in room				

ROOM NUMBER 22				
Room Profile:		Room Capacity:	Room Occupancy:	
Couple		4	2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: Own bathroom for residents (outside of room but not shared)				

ROOM NUMBER 24				
Room Profile:		Room Capacity:	Room Occupancy:	
Family		3	2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details: Shared bathrooms have mould on ceiling				

ROOM NUMBER 25 (resident self-isolating room not inspected)				
Room Profile:		Room Capacity:	Room Occupancy:	
Single female		1	1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input 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: Shared bathrooms have mould on ceiling				

ROOM NUMBER 26				
Room Profile:		Room Capacity:	Room Occupancy:	
Single female		1	1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input 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 NUMBER 29				
Room Profile:		Room Capacity:		Room Occupancy:
Single female		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: Light Shade missing from bedroom. Evidence of cooking in the room.				

Social Room / Tea Station (Beside Room 34)

What facilities are provided? Sink, fridge, microwave, toaster and kettle	
Is the area generally clean?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no please give details:	
<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes please detail:	

Toilets and Showers : Beside room 35

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
	1toilet/ shower	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention? Yes* <input type="checkbox"/> No <input checked="" type="checkbox"/>						
If No, give details:						

ROOM NUMBER 30				
Room Profile:		Room Capacity:		Room Occupancy:
Single female		5		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 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: Evidence of cooking in the room.				

ROOM NUMBER 31 (Room under Renovation)				
Room Profile:		Room Capacity:		Room Occupancy:
Single female		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 NUMBER 32				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

Toilets and Showers : Beside room 32

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
	1toilet/ shower	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visual Check: Have you noticed any issues requiring attention? Yes* <input type="checkbox"/> No <input checked="" type="checkbox"/>						
If No, give details: Toilets clean and tidy.						

ROOM NUMBER 33				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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: Some mould on bathroom wall				

ROOM NUMBER 34 (Room is Vacant)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 35 and 36 used by same family				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2 & 2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details: Family all using same bathroom not shared with other residents.				

Toilets and Showers : Beside room 35

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
	1toilet/ shower	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visual Check: Have you noticed any issues requiring attention? Yes* <input checked="" type="checkbox"/> No <input type="checkbox"/>						
If No, give details: Mould on bathroom ceiling						

ROOM NUMBER 37 + 38 merged into one apartment				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		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: Evidence of cooking in room.				

ROOM NUMBER 39 (Room under renovation)				
Room Profile:		Room Capacity:		Room Occupancy:
Couple		3		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 40 (Room under renovation)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" 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:				

ROOM NUMBER 41				
Room Profile:		Room Capacity:		Room Occupancy:
Family		6		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No* <input checked="" type="checkbox"/>
If *, please give details: Mould on bathroom ceiling				

ROOM NUMBER 42				
Room Profile:		Room Capacity:		Room Occupancy:
Family		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 43 and 44 shared by same family				
Room Profile:		Room Capacity:	Room Occupancy:	
Family		2 & 2	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 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: Very clean and tidy.				

Toilets and Showers : Beside room 41 & 44

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	3toilets/2 showers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visual Check: Have you noticed any issues requiring attention? Yes* <input type="checkbox"/> No <input checked="" type="checkbox"/>						
If No, give details:						

ROOM NUMBER Castle Unit 42a, 42b, 42c				
Room Profile:		Room Capacity:	Room Occupancy:	
Family		6	6	
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: No fire notices. Kitchen has mould on wall and ceiling.				

The Lakeside

Social Room / Tea Station (Beside Room 17):

What facilities are provided? Fridge, toaster, microwave and kettle (Due to Covid not in use)	
Is the area generally clean?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no please give details:	
<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please detail:	

LAUNDRY ROOM

	Washing Machines	Dryers
Number	5	4
Do they appear to be in working order? Yes		
Comments:		

CORRIDORS (Lakeside):

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

Unit 1 (3 bedroomed apartment with kitchen/dining and bathroom) - Under renovation

Room Profile:		Room Capacity:	Room Occupancy:
Family		6	0
TV	Ensuite	Shared Bathroom	Smoke Alarm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very Good	Adequate	Poor *
Cleanliness	<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: Not Inspected			

Unit 2

Room Profile:		Room Capacity:	Room Occupancy:
Family		5	6
TV	Ensuite	Shared Bathroom	Smoke Alarm
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details: Mould on bathroom ceiling.			

Unit 3				
Room Profile:		Room Capacity:		Room Occupancy:
Family		6		7
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: Room was very untidy. A lot of mould in bathroom. Wardrobe blocking door to room which is a fire hazard.				

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

ROOM NUMBER 4 - Under renovation with 5 & 6				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		0
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: Not Inspected				

ROOM NUMBER 5 - Under renovation with 4 & 6				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		0
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: Not Inspected				

ROOM NUMBER 6 - Under renovation with 4 & 5				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		0
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: Not Inspected				

Unit 7, 8 & 9 (8 & 9 empty as they are to be renovated with unit 7 to make bigger space)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		7		5
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"/>				
If *, please give details: Very clean and tidy, no fire notice.				

ROOM NUMBER 10				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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: No fire notice.				

ROOM NUMBER 11 - Vacant				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 12				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 14 - Vacant				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		0
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:				

Unit 12				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

Unit 13				
Room Profile:		Room Capacity:		Room Occupancy:
Family		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 type="checkbox"/>	No* <input checked="" type="checkbox"/>
If *, please give details: Alarm in bedroom has been removed.				

Unit 14				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: Rice cooker boiling over in room.				

ROOM NUMBER 17 & 19 – Now connected				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		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 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: No fire notice.				

ROOM NUMBER 20				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 21				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 22				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 23				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 24, 25 & 26				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 28				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		0
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:				

THE ORCHARD – (all of this building has been re-novated and accommodates single males with shared facilities)

CORRIDOR (Orchard)

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

Kitchen/Living room: On ground floor

What facilities are provided? Cooker, Fridge, toaster, microwave and kettle.		
Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail:		

TOILETS: On ground floor

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Gents	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a cleaning schedule displayed?						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Record the last time entry. No cleaning schedule on display.						
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: No toilet paper, soap or hand towels/dryers in facilities.						

SHOWERS: on ground floor

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Gents	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a cleaning schedule displayed?						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Record the last time entry. No cleaning schedule on display.						
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: No soap or hand towels/dryers in facilities.						

ROOM NUMBER 1				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Door blocked as the room is so full of belonging.				

ROOM NUMBER 2				
Room Profile:		Room Capacity:		Room Occupancy:
Singles		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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: No TV – residents do not require one. Very strong odour of smoke from the room and smoke alarm has been removed.				

ROOM NUMBER 3				
Room Profile:		Room Capacity:		Room Occupancy:
Singles		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 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: Wall needs repair due to leak. Due to be fixed the week begin 06/12/2021.				

ROOM NUMBER 4				
Room Profile:		Room Capacity:		Room Occupancy:
Singles		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 NUMBER 5				
Room Profile:		Room Capacity:		Room Occupancy:
Singles		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input 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: No TV – residents do not require one. In addition, no beds, resident has chosen to sleep on the floor.				

ROOM NUMBER 6				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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: Mould in room.				

ROOM NUMBER 7- Under renovation				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Room under renovation will need a TV, smoke alarm and fire notice fitted.				

ROOM NUMBER 8				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 NUMBER 9				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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: Very strong odour of smoke.				

ROOM NUMBER 10				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 NUMBER 11				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 NUMBER 12				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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:				

THE COURTYARD

Apartment A – Under Renovation

No of bedrooms 4 Kitchen/Living room & bathroom				
Room 9				
Room 7				
Room 8				
Room 10				
Profile		Capacity:		Occupancy:
Family		8		0
TV	Bathroom	Kitchen	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: Not Inspected				

Apartment B

No of bedroom 3 Kitchen/Living room & bathroom				
Room 14				
Room 13				
Room 12				
Profile		Capacity:		Occupancy:
Family		5		6
TV	Bathroom	Kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" 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:				

Apartment C - Under Renovation

No of bedrooms 3 Kitchen/Living room & bathroom				
Room 1				
Room 1A				
Room 1B				
Profile		Capacity:		Occupancy:
Family		7		0
TV	Bathroom	Kitchen	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: Not Inspected				

Apartment D

No of bedrooms 4 Kitchen/Living room & bathroom				
Room 2				
Room 3				
Room 4				
Room 5				
Profile		Capacity:		Occupancy:
Family		10		9 (2 Families)
TV	Bathroom	Kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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: Mould in bathroom.				

REDWOOD - (all this building has been re-novated and consists of 5 separate self-contained apartments)

Apartment A

No of bedrooms 2 Kitchen/Living room & bathroom				
Room 3				
Room 4				
Profile		Capacity:		Occupancy:
Family		5		5
TV	Bathroom	Kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?				
Yes <input type="checkbox"/> No * <input checked="" type="checkbox"/>				
If * please give details: Mould in kitchen.				

Apartment B

No of bedrooms 4 Kitchen /Living room & bathroom				
Room 5				
Room 6				
Room 7				
Room 10				
Profile		Capacity:		Occupancy:
Family		8		6
TV	Bathroom	Kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<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:				

Apartment C

No of bedrooms 1 Kitchen/Living room & bathroom				
Room 11				
Profile		Capacity:		Occupancy:
Family		3		3
TV	Bathroom	Kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<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:				

Apartment D

No of bedrooms 3 Kitchen/Living room & bathroom				
Room 15				
Room 16				
Room 17				
Profile		Capacity:		Occupancy:
Family		7		5
TV	Bathroom	Kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?				
Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If * please give details:				

Apartment E

No of bedrooms 1 Kitchen/Living room & bathroom				
Room 4				
Profile		Capacity:		Occupancy:
Family		4		3
TV	Bathroom	Kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is everything in working order?				
Yes <input type="checkbox"/> No * <input checked="" type="checkbox"/>				
If *, please give details: BBQ in bathroom blocking door, Sofa blocking front door and only exit to the outside. Very unclean and untidy. Rotten food covers the floor and bed. There are belonging piled so high they are in danger of falling.				

LAUNDRY ROOM

	Washing Machines	Dryers
Number	2	2
Do they appear to be in working order? YES		
Comments:		

RIVERVIEW (all this building has been re-novated and consists of 3 separate self-contained apartments).

Apartment A

No of bedrooms 2 + Kitchen / Living room				
Room 7				
Room 8				
profile		Capacity:		Occupancy:
Family		4		4
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>				
If *, please give details: NOT INSPECTED				

Apartment B

No of bedrooms 2 + Kitchen / Living room				
Room 4				
Room 5				
profile		Capacity:		Occupancy:
Family		5		2 & 3
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>				
If *, please give details: NOT INSPECTED				

Apartment C

No of bedrooms 3 + Kitchen /Living room.				
Room 1				
Room 2				
Room 3				
profile		Capacity:		Occupancy:
Family		5		1 & 3
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" 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: No fire notice in apartment				

LODGE**Apartment A**

No of bedrooms 2 & Kitchen /Living room & bathroom.				
Room 11				
Room 10				
profile		Capacity:		Occupancy:
Family		5		2 & 3
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>				
If *, please give details:				

Apartment B**(Not inspected due to family isolating after testing positive for Covid)**

No of bedrooms 2 & Kitchen /Living room & bathroom.				
Room 8				
Room 2				
Room 9				
profile		Capacity:		Occupancy:
Family		6		4
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Apartment C

No of bedrooms 4 & Kitchen /Living room & bathroom.				
Room 7				
Room 5				
Room 4				
Room 6				
profile		Capacity:		Occupancy:
Family		5		2 & 4
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?				
Yes <input type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details: Apartment needs to be cleaned				

Nova House (all this building has been re-novated and consists of 4 separate self-contained apartments).

Nova A

No of bedrooms 5 & Kitchen /Living room (Shared Apartment)				
Room 11. (Child sleeping in room, not inspected)				
Room 12.				
Room 13. (Room was a bit messy)				
Room 16. (Room was a bit messy)				
Room 17				
Profile		Capacity:		Occupancy:
(1 Couple/single females)		10		2 & 2 & 1 & 1 & 1
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> X 3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is everything in working order?

Yes No *

If *, please give details in referenced room: Mould in one of the bathrooms

Nova B

No of bedrooms 2 & + Kitchen /Living room & bathroom

Room 7

Room 10

Profile: Family

Capacity:

Occupancy:

Family

2 & 2

1 & 2

TV

Bathroom

kitchen

Smoke
Alarm

Fire Notice

Cleanliness

Very Good

Adequate

Poor *

Needs urgent attention *

Is everything in working order?

Yes No *

If *, please give details in referenced room:

Nova C

No of bedrooms 3 & Kitchen /Living room & bathroom

Room 8.

Room 3.

Room 4

Profile:

Capacity:

Occupancy:

Family

6

5

TV

Bathroom

kitchen

Smoke
Alarm

Fire Notice

Cleanliness

Very Good

Adequate

Poor *

Needs urgent attention *

Is everything in working order?

Yes No *

If *, please give details in referenced room: Mould on bathroom wall and ceiling.

Nova D

No of bedrooms 3 & Kitchen /Living room & bathroom				
Room 1. (Messy)				
Room 2.				
Room 2a				
Room 2b				
Profile:		Capacity:		Occupancy:
Family		10		1 & 4
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?				
Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details in referenced room: Kitchen was untidy. Bathroom was untidy and floor was stained. Also there was a piece of wall missing beside the shower.				

Carre – (all bathrooms are outside of living space however, they are not shared each room had a designated toilet)

LAUNDRY ROOM

	Washing Machines	Dryers
Number	5	4
Do they appear to be in working order? YES		
Comments:		

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

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

ROOM NUMBER 3 - Vacant				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 4				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details: Room is very untidy and there was a cooker.				

ROOM NUMBER 5				
Room Profile:		Room Capacity:		Room Occupancy:
Couple		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details: Room is overcrowded with belongings, unable to fulling inspect room as it was to full.				

ROOM NUMBER 6				
Room Profile:		Room Capacity:		Room Occupancy:
Single		3		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 7 & 8				
Room Profile:		Room Capacity:		Room Occupancy:
Family		6		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details: Kitten was found in in this room.				

ROOM NUMBER 9 - Vacant				
Room Profile:		Room Capacity:		Room Occupancy:
Family		3		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 10 & 11				
Room Profile:		Room Capacity:		Room Occupancy:
Family		6		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details: Mould in bathroom, wires hanging from TV to bathroom blocking door and hob present in room.				

Please find details in response to inspection at Drishane Castle December ^{2nd} 2021.
The individual items raised in the report were as follows:

The Castle Building

- Room 4: **Detector terminal has been uncovered, resident advised not to cook in her room and instead to use the kitchen for cooking**
- Room 6: **FS notice has been refitted in the room, resident asked not to remove it again.**
- Room 7: **Room de-cluttered, resident advised**
- Room 13: **Dresser moved, resident advised not to move it again.**
- Room 14: **Room painted, wall cleaned.**
- Room 15: **Bathroom rectified, resident advised to use kitchen for cooking**
- Room 18: **Resident advised to clean room, de-cluttered**
- Room 20: **Resident advised to use kitchen for cooking**
- Room 21: **Resident advised to use kitchen for cooking**
- Room 24: **Ceiling cleaned and rectified.**
- Room 25: **Ceiling cleaned and rectified.**
- Room 29: **Lightshade provided once again, resident asked not to remove it again. Resident also advised to use kitchen for cooking**
- Room 30: **Resident advised to use kitchen for cooking.**
- Room 33: **Bathroom door cleaned and rectified.**
- Unit 37 & 38: **Residents advised to use kitchen for cooking.**
- Unit 41: **Bathroom ceiling cleaned and rectified**
- Unit 42a, 42b and 42c: **FS notices refitted, resident asked not to remove it again. Kitchen wall and ceiling rectified.**

Lakeside House

- Unit 2: **Bathroom Ceiling rectified**
- Unit 3: **Residents advised to keep room tidy, Bathroom rectified, wardrobe moved.**
- Unit 7, 8, 9: **FS notice refitted, resident asked not to remove it again.**
- Unit 13: **Detector terminal reinstalled, resident asked not to remove it again.**
- Room 17 & 19: **FS notice refitted resident asked not to remove it again.**

The Orchard

- Room 1: **Resident advised to tidy room**
- Room 2: **Detector Head has been refitted, residents asked not to remove it again. Resident also advised regarding the odour of smoke. Residents do not want a TV.**
- Room 3: **Wall has been repaired**
- Room 6: **Wall cleaned and rectified.**
- Room 7: **Renovation now complete, room refitted with TV, detector head and FS notice. Resident asked not to remove these again.**
- Room 9: **Residents advised of odour of smoke.**

The Courtyard

- Unit D – **Bathroom ceiling rectified.**
- Unit A – **Renovation completed – ready for new occupants.**
- Unit C – **Renovation completed – ready for new occupants.**

The Redwood

- Unit A – **Kitchen wall rectified.**
- Unit E - **Bar B Que and sofa removed. Residents advised to clean room thoroughly, and to re-organise their belongings.**

The Riverview

Unit C - **FS notice refitted, resident asked not to remove it again.**

The Lodge

- Apt. C - **Resident advised to clean apartment.**

The Nova

- Unit A – **Bathroom Ceiling rectified.**
- Unit C – **Bathroom wall and ceiling rectified.**
- Unit D - **Advised resident to keep kitchen and bathroom clean and tidy, wall has been repaired, resident asked to be more careful when moving furniture in future.**

The Carre

- Room 4: **Advised resident to clean and use kitchen for cooking.**
- Room 5: **Advised resident to keep room tidy, additional storage offered to resident.**
- Room 7 & 8: **Advised resident to keep the kitchen clean and tidy.**
- Room 10 & 11: **Bathroom issue rectified, TV Cables tidied , advised resident to use kitchen for cooking.**

If any of the above needs clarification please feel free to contact me

Sincerely,

Peter Czyszczon.