

IPAS/IPPS

Independent Inspection Report

Centre:	Millstreet, Co. Cork
Inspector:	Shane Mac Loughlin
Date of Inspection:	10/8/21
Time of Arrival & Departure:	13.30to 17:00

Part 1

General Information on Services

Independent Inspection Report

Centre: Millstreet

Accommodation Centre

Date of Inspection: 10/8/21

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 Assistant manager

Telephone Number	029 71008
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Current Contracted Capacity	354
Current Occupancy (today)	252
Current Centre Profile (e.g., singles, families etc.)	Families and single females, single males

HSE Area	HSC South
Public Health Nurse	Mary Howard PHN and Dr. Sabrina Vassey, HSE on Tuesdays
DSP / CWO name	Norma Deane
Environmental Health Officer name	Stephen Ryan
Local Fire Officer Name	Alex O' Donovan
Local Fire Station	Mill street

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

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	8am–6.30pm 6.30pm–9.00pm 9.00pm - 8.00am
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?	3- 1 reception, 1 in kitchen and 1 in the office.
Who is responsible for first aid restocking?	Job title only (not name) of person responsible: External company every 4 weeks
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 on/off
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?	Explained on arrival, Not posted

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 open

Are there procedures to allow residents to receive visitors? (Give details)	Yes, they must sign in / out visitors book
Outline visiting times :	10am to 10pm
In what areas are visitors allowed in the centre?	Social areas
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 but not valuables.
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?	Toiletries replenished monthly or as required.

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: Diary contains work required. Residents report issues.	

8 CHILD PROTECTION

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

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	N/A ALL SELF CATERING NOW
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	
Date of last visit:	

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Yes
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 	Parents prepare childrens lunches from items available in shop
Is infant formula kept out of public view?	Yes, in residents shop
What arrangements are in place for distribution of infant formula?	From office or shop

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What food/snacks are available after hours or when kitchen is closed?	Cooking facilities provided throughout all buildings for residents.
Where are the snacks located and how are they accessed?	In each building 24 hours a day
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If pre arranged
Are meals available for new arrivals? (Give details)	Yes, if pre alerted
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes if pre alerted
If the inspection takes place during Ramadan this section <u>must</u> be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan?	Not in ramadan

12 FACILITIES FOR FEEDING BABIES

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

13 INDOOR FACILITIES

<i>Are the following available to residents?</i>	Yes/No	
Computers with Internet access	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
WIFI	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
DVD player	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Computer Games	Yes <input 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 room for children once a week.	
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?	Cork City and Millstreet.
What is the frequency of the service? (List time table opposite)	Bus to Cork has re-commenced once a week

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input type="checkbox"/> No <input type="checkbox"/> Saorview
An average, how many TV channels are provided to residents?	6
Are residents allowed to erect satellite dishes?	Yes

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	Residents
What procedures are in place for the exchange of towels and bed linen at the centre?	6 months or on request
What procedures are in place for ironing boards and irons?	In laundry.
How is washing powder / tablets supplied?	Monthly and on request
Are there specific arrangements for access to the laundry (give details):	24 hour

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?	Mops, brushes, cleaning chemicals etc
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	At reception
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Cleaned by staff if requested by residents

PART 2

Room by Room Inspection

Independent Inspection

Centre: *Drishane Castle,*
Milstreet, Cork

Date of Inspection: *10/8/21*

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	Dining area and reception
Complaint Forms	<input checked="" type="checkbox"/>	Reception
Accident/ Incident procedure	<input checked="" type="checkbox"/>	Reception

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	Dining room
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	Reception, dining room and office
Supervision of children notice	<input checked="" type="checkbox"/>	Reception and dining room
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	Key access
IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	Dining room and reception

18 Staff Awareness

Did you see the RIA Code of Practice*?	<input checked="" type="checkbox"/>
Are all staff aware of RIA Code & House Rules?	<input checked="" type="checkbox"/>
How are staff made aware of RIA Code & House Rules? <i>Staff sign policy at induction, records kept</i>	

*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>
26/7/21	internal	ok
19/7/21	internal	Ok

19b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
24/5/21	Allied fire	<input checked="" type="checkbox"/>	Service (also checked daily internally)		
23/2/21	Allied fire	<input checked="" type="checkbox"/>	Service		

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
August 2021	MFS	<input checked="" type="checkbox"/>	None		
3/7/21	internal	<input checked="" type="checkbox"/>	None		

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
8/8/21	Night Porter	<input checked="" type="checkbox"/>	None	no	y
9/8/21	Night Porter	<input checked="" type="checkbox"/>	None	no	y

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
7/8/21, 8/8/21, 9/8/21	4 staff each drill	All in particular building	None greater than 5 mins	All buildings covered in drill program

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
Management & staff	Evacuation and equipment, fire procedures	Munster fire and safety	9/8/21 as part of drills	4/2/13

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Front of Castle
Are they marked?	yes
Are staff aware of locations?	yes
Comments:	

19h FIRE ALARM SYSTEM

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

19i FIRE EXITS, EMERGENCY LIGHTING, SMOKE ALARMS, FIRE NOTICES
(in corridors & common areas)

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

Administration Area:

Reception:

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

Cinema Room -

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

Computer room

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

Hall

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

Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	Reception (IPAS/IPPS booklet available, no poster)
Complaint Forms	<input checked="" type="checkbox"/>	Reception & canteen
Accident/ Incident procedure	<input checked="" type="checkbox"/>	Covered in safety statement

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	Reception and canteen
Designated Liaison Person details	<input checked="" type="checkbox"/>	Reception & Canteen

(Child Protection)		
Supervision of children notice	<input checked="" type="checkbox"/>	Reception & Canteen
Gym Notices (Child Safety – if applicable)	<input checked="" type="checkbox"/>	Not in use. Out of service

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

Social Room / Tea Station beside Laundry

What facilities are provided? Kettle, microwave, toaster, tea, coffee	
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:	

DINING AREA: NOTE Residents cook own meals in their respective accommodation or in the resident kitchens provided throughout the centre

Please outline the meal times:

	From	To
Breakfast	n/a	
Lunch		
Dinner		

Which is the main meal of the day:	n/a
Is menu cycle available?	

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

Breakfast	
Lunch	
Dinner	

Is menu cycle on display?	n/a
Does menu cycle correspond with options available?	<input type="checkbox"/>
If no, ask manager for explanation and provide details:	
Which meal was sampled?	n/a
Please	
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	n/a
Give details of this option:	
Were there ethnic dishes available?	
Give details of this option:	

Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	n/a
In your opinion, does the food on offer appear to provide a good variety?	
Did inspection take place during Ramadan?	
If yes, please outline arrangements for provision of meals outside of normal mealtimes, (<i>medical or other appointments, etc.</i>):	
Is there any damaged seating or tables in dining room?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is there enough seating for residents present to sit down and eat their lunch?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Comments:	

KITCHEN AREA: Food Safety Critical Requirements

Note: Food & Market Stores located in Green Glens with online ordering and straight to accommodation door deliveries in place. Shop has been recently expanded and holds a large variety of goods to the same level as any pubic/street syupermarket.

Stores also supplies other centres under Millstreet Services management.

FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	n/a
Date of Visit?	
Comments:	

Has a HACCP system been implemented?	Yes in shop
Who designed the HACCP system?	
Who is responsible for reviewing the system?	
How frequently is the system reviewed?	

HACCP Records:

Pest Control: in place and up to date
Induction and Ongoing Staff Training: yes
Time & Temperature Records: Checked ok
Hygiene Audits: in place
List of Approved Suppliers: at delivery door
Cleaning Schedules: in place and up to date
Procedures for accepting deliveries: yes
General Comments:

General:

Is the kitchen commercial or domestic?	commercial
What equipment is in place? Fridges, freezers, dry goods stores	
In what condition is the equipment? Good condition.	
Comments: only storage and refrigeration is in use	

STRUCTURAL HYGIENE

Is the refuse area suitably located?	yes
Is the area tidy?	yes
Are all bins covered?	yes
Are signs displayed at all entrances in relation to access to kitchen for non staff?	yes
Are white coats, shoe covers and hats available for non kitchen staff?	yes
Comment of the structural hygiene of the kitchen (i.e floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc)	Clean, no evidence of contamination
Are suitable hand washing and drying facilities provided?	Yes
General Comments:	

Dry Goods:

Suitably equipped? <i>Shelving/containers etc</i>	Yes
Condition and suitability of facilities: Suitable storage facilities in place	
What evidence is there of stock rotation?	All food labelled and dated, no out of date food

Refrigerated Storage:

What type of refrigerated storage is provided?	Dairy fridge, raw meat fridge, cooked food fridge,
Comment on the condition and suitability of the refrigerated storage: Suitable storage	
Are thermostats provided and in working order?	yes
Are food items date stamped?	yes
Are samples of dishes being kept?	n/a

Other:

Is there appropriate storage for cleaning agents and chemicals?	Yes
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OPERATIONAL HYGIENE

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

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

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

Condition and suitability of serving equipment and utensils:
Good condition and suitable

What procedures are in place for unused/unserved food at the end of service?
n/a

Comments: Shop has been recently expanded and holds a large variety of goods to the same level as any pubic/street syupermarket.
Stores also supplies other centres under Millstreet Services management.

STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes
What facilities are in place?	Changing room. Toilets

23 PUBLIC TOILET (State Location): Beside Laundry

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

PUBLIC TOILET (State Location): Beside Nurses Room

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

24 COMMUNAL ROOM (State Location): ground floor, castle

Storage area:

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

OUTDOOR GROUNDS / FACILITIES

Please rate the following:

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

CORRIDOR Ground floor Castle

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

STAIRWAY Main stairway Castle

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"/>
<i>(e.g., fire exit signs, hazards, lighting, notices, décor, etc.)</i>				
If yes please detail:				

Bedrooms:

The Castle

COMMUNAL ROOM (State Location): ground floor, castle

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

CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input type="checkbox"/>	Weekly if allowed <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"/>
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, detergents	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Staff will clean rooms on request. Rooms left to residents to clean themselves.	

Social Room/Tea Station (beside Laundry)

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"/>
<i>(e.g., fire exit signs, hazards, lighting, notices, décor, etc.)</i>				
If yes please detail:				

LAUNDRY ROOM - total 3 laundry rooms

	Washing Machines	Dryers
Number	32	32
Do they appear to be in working order? yes		
Comments:		

Toilet (State Location): Beside Room 1

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there a cleaning schedule displayed?					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Record the last time entry.						
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 type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:						

ROOM NUMBER 1,2 and 3 being renovated

Room Profile: Family		Room Capacity:		Room Occupancy:	
		2 &2&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		
If *, please give details:					

ROOM NUMBER 4

Room Profile:		Room Capacity:		Room Occupancy:	
Single		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 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:					

Use this space for any comments or other information not covered in this form:

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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 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:				
If *, please give details:				

Toilet (State Location): Beside Room 5

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	2 toilets/2 showers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there a cleaning schedule displayed?					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Record the last time entry.						
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 type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, 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 checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes	
If *, please give details:				

ROOM NUMBER 7				
Room Profile:		Room Capacity:		Room Occupancy:
Single		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 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:				
If *, please give details:				

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

ROOM NUMBER 9A & 9B				
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 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:				
If *, please give details:				

ROOM NUMBER 10 & 10B being renovated				
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?	YES			
If *, please give details:				

2 bathrooms beside room 13

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

ROOM NUMBER 13				
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				
Room Profile:		Room Capacity:		Room Occupancy:
Vacant		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:				

Toilet (State Location) Beside Room 14

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
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Unisex:	2 toilets/2 showers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there a cleaning schedule displayed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
Record the last time entry.						
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? no						
If No, give details:						

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:					

ROOM NUMBER 16					
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 17					
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 18				
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:				
If *, please give details:				

ROOM NUMBER 19				
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 type="checkbox"/>	
If *, please give details:				
If *, please give details:				

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:
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	
If *, please give details:				

ROOM NUMBER 22				
Room Profile:		Room Capacity:		Room Occupancy:
Family		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 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:				

Toilet (State Location): Beside Room 21

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

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	

If *, please give details:

ROOM NUMBER 25				
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:				
If *, please give details:				

ROOM NUMBER 29				
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:				

ROOM NUMBER 30 being renovated				
Room Profile:		Room Capacity:		Room Occupancy:
Family		5		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 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:				

Toilet (State Location): Beside Room 29

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	2 toilets/2 showers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Is there a cleaning schedule displayed? Record the last time entry.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is the area clean? (provide comment) yes		
Are all facilities working?	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?	Yes* <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:		

ROOM NUMBER 32				
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	
If *, please give details:				
If *, please give details:				

Toilet (State Location): Beside Room 32

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	3 toilets/2 showers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there a cleaning schedule displayed? Record the last time entry.					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is the area clean? (provide comment) yes						
Are all facilities working?					Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
<i>Visual Check:</i> Have you noticed any issues requiring attention?					Yes* <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:						

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 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 checked="" type="checkbox"/>
Is everything in working order?			Yes	

If *, please give details:
If *, please give details:

ROOM NUMBER 35 extended into 36				
Room Profile:		Room Capacity:		Room Occupancy:
Family		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	
If *, please give details:				
If *, please give details:				

Social Room/Tea Station (beside room 34)

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:		

Toilet (State Location): Beside Room 35

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

ROOM NUMBER 34				
Room Profile:		Room Capacity:		Room Occupancy:
Vacant		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:				
If *, please give details:				

ROOM NUMBER 35				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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 36				
Room Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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 37				
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 checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is everything in working order?			Yes	
If *, please give details:				
If *, please give details:				

Toilet (State Location): Beside Room 37

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:	1toilets/1 showers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there a cleaning schedule displayed?					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Record the last time entry.						
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 type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:						

ROOM NUMBER 39 being renovated				
Room Profile:		Room Capacity:		Room Occupancy:
vacant		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	
If *, please give details:				
If *, please give details:				

ROOM NUMBER 40				
Room Profile:		Room Capacity:		Room Occupancy:
family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes	
If *, please give details:				
If *, please give details:				

ROOM NUMBER 41 being renovated				
Room Profile:		Room Capacity:		Room Occupancy:

Family		6		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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			YES		
If *, please give details:					

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 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		
If *, please give details:					

ROOM NUMBER 43					
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 checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes		
If *, please give details:					

The Lakeside

CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input type="checkbox"/> Weekly if allowed <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"/>
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, detergents
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Staff will clean if allowed

Social Room/Tea Station (beside room 9)

What facilities are provided? Fridge, toasters, microwaves 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"/> (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)
If yes please detail:

Social Room/Tea Station (beside room 17)

What facilities are provided? 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"/> (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)
If yes please detail:

Social Room/Tea Station (beside room 29)

What facilities are provided? Fridge, toaster, microwaves 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"/> <i>(e.g., fire exit signs, hazards, lighting, notices, décor, etc.)</i>
If yes please detail:

Gym (beside room 9)

What facilities are provided? General gym equipment
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"/> <i>(e.g., fire exit signs, hazards, lighting, notices, décor, etc.)</i>
If yes please detail:

CORRIDOR Lakeside

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

Lakeside Unit 1

No of bedrooms 3				
profile		Capacity:		Occupancy:
Family		6		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?				
	Cooker	Yes <input checked="" type="checkbox"/>	No *	<input type="checkbox"/>
	Fridge	Yes <input checked="" type="checkbox"/>	No *	<input type="checkbox"/>
	Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No *	<input type="checkbox"/>
If *, please give details: internet not working				

Lakeside Unit 2

No of bedrooms 3				
profile		Capacity:		Occupancy:
Family		6		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?				
		Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
		Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
		Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: internet not working				

Lakeside Unit 3

No of bedrooms 3				
profile		Capacity:		Occupancy:
Family		7		7
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?				
		Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
		Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
		Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: internet not working				

Lakeside Unit 4

No of bedrooms 1				
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?				
		Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
		Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
		Other appliances (toaster/microwave etc.)	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"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Room 5				
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 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:				
If *, please give details: internet not working				

Room 6				
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:				
If *, please give details: internet not working				

unit 7				
Room Profile:		Room Capacity:	Room Occupancy:	
Single		7	7	
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 8				
Room Profile:		Room Capacity:	Room Occupancy:	
Single		7	7	
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	
If *, please give details: internet not working				

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 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:				
If *, please give details: internet not working				

ROOM NUMBER 11				
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 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:				
If *, please give details: internet not working				

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: internet not working				

If *, please give details:

ROOM NUMBER 14				
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:				
If *, please give details: internet not working				

ROOM NUMBER 17				
Room Profile:		Room Capacity:		Room Occupancy:
Family		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 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:				
If *, please give details: internet not working				

ROOM NUMBER 19				
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:				
If *, please give details: internet not working				

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:				
If *, please give details: internet not working				

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:				
If *, please give details: internet not working				

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:				
If *, please give details: internet not working				

ROOM NUMBER 23				
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:
If *, please give details: internet not working

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 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:				
If *, please give details: internet not working				

ROOM NUMBER 28 being renovated				
Room Profile:		Room Capacity:		Room Occupancy:
SINGLE		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:				
If *, please give details:				

Lakeside Unit 12				
No of bedrooms 2				
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"/>
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?				
<p style="text-align: center;">Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: center;">Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: center;">Other appliances (toaster/microwave etc.) Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p>				
If *, please give details: internet not working				

Lakeside Unit 13

No of bedrooms 1				
profile		Capacity:		Occupancy:
Family		3		1
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?				
<p style="text-align: right;">Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;"> Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;"> Other appliances (toaster/microwave etc.) Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p>				
If *, please give details: internet not working				

Lakeside Unit 14

No of bedrooms 3 - being renovated				
profile		Capacity:		Occupancy:
Family		6		0
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?				
<p style="text-align: right;">Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;"> Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;"> Other appliances (toaster/microwave etc.) Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p>				
If *, please give details:				

If *, please give details:

The Orchard

CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input type="checkbox"/>	Weekly if allowed <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"/>
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, detergents	

What arrangements are in place if rooms are not cleaned sufficiently by residents?	Staff will clean if allowed General:
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Social Room/Tea Station

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

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:	

Shared Toilet and Bathroom Facilities

Toilet (State Location): 1st floor showers

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

Toilet (State Location): 1st floor toilets

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

Toilet (State Location): Ground floor

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

Toilet (State Location): ground floor toilets

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

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 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:					
If *, please give details:					

ROOM NUMBER 2

Room Profile:	Room Capacity:	Room Occupancy:
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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 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:					
If *, please give details:					

ROOM NUMBER 3					
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:					
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:					
If *, please give details:					

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:
If *, please give details:

ROOM NUMBER 6				
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:				
If *, please give details:				

ROOM NUMBER 7				
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:				
If *, please give details:				

ROOM NUMBER 8				
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 9				
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	
If *, please give details:				
If *, please give details:				

ROOM NUMBER 10				
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:				
If *, please give details:				

ROOM NUMBER 11				
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:				
If *, please give details:				

ROOM NUMBER 12				
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

No *

If *, please give details:

The Courtyard -

Apartment A

No of bedrooms 4				
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"/>
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?				
<p style="text-align: right;">Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;"> Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;"> Other appliances (toaster/microwave etc.) Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p>				
If *, please give details:				

Apartment B

No of bedrooms 3				
profile		Capacity:		Occupancy:
Family		6		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?				
<p style="text-align: right;">Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;"> Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;"> Other appliances (toaster/microwave etc.) Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p>				
If *, please give details:				

Apartment C

No of bedrooms 3 (one room being renovated)				
profile		Capacity:		Occupancy:
Family		7		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?				
<p style="text-align: right;">Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;"> Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;"> Other appliances (toaster/microwave etc.) Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p>				
If *, please give details:				

Apartment D

No of bedrooms 4				
profile		Capacity:		Occupancy:
Family		10		9
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?				
<p style="text-align: right;">Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;"> Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;"> Other appliances (toaster/microwave etc.) Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p>				
If *, please give details:				

Redwood

Apartment A

No of bedrooms 2				
profile		Capacity:		Occupancy:
Family		5		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"/>
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?				
<p style="text-align: right;">Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;"> Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p>				

Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:		

Apartment B

No of bedrooms 4				
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"/>
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?				
<p style="text-align: right;">Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;">Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;">Other appliances (toaster/microwave etc.) Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p>				
If *, please give details:				

Apartment C

No of bedrooms 1				
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"/>
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?				
<p style="text-align: right;">Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;">Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;">Other appliances (toaster/microwave etc.) Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p>				
If *, please give details:				

Apartment D

No of bedrooms 3		
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"/>
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?					
				Cooker	Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>
				Fridge	Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>
Other appliances (toaster/microwave etc.)				Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:					

Apartment E

No of bedrooms 1					
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"/>
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?					
				Cooker	Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>
				Fridge	Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>
Other appliances (toaster/microwave etc.)				Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:					

Riverview

Apartment A

No of bedrooms 2				
profile		Capacity:		Occupancy:
Family		4		2
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?				
<p style="text-align: right;">Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;">Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;">Other appliances (toaster/microwave etc.) Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p>				
If *, please give details:				

Apartment B

No of bedrooms 2				
profile		Capacity:		Occupancy:
Family		5		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"/>
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?				
<p style="text-align: right;">Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;">Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;">Other appliances (toaster/microwave etc.) Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p>				
If *, please give details:				

Apartment C

No of bedrooms 3				
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?				
	Cooker	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
	Fridge	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
	Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:				

Lodge

Apartment A

No of bedrooms 2				
profile		Capacity:		Occupancy:
Family		5		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"/>
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?				
<p style="text-align: right;">Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;">Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;">Other appliances (toaster/microwave etc.) Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p>				
If *, please give details:				

Apartment B

No of bedrooms 3				
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"/>
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?				
<p style="text-align: right;">Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;">Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;">Other appliances (toaster/microwave etc.) Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p>				
If *, please give details:				

Apartment C

No of bedrooms 4				
profile		Capacity:		Occupancy:
Family		6		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?				
<p style="text-align: right;">Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;">Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;">Other appliances (toaster/microwave etc.) Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p>				
If *, please give details:				

Nova –

Apartment A

No of bedrooms 5				
profile		Capacity:		Occupancy:
Family		10		7
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?				
<p style="text-align: right;">Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;">Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;">Other appliances (toaster/microwave etc.) Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p>				
If *, please give details:				

Apartment B

No of bedrooms 2				
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"/>
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?				
<p style="text-align: right;">Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;">Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p style="text-align: right;">Other appliances (toaster/microwave etc.) Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p>				
If *, please give details:				

Apartment C

No of bedrooms 3				
profile		Capacity:		Occupancy:
Family		6		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"/>
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?				
Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> Other appliances (toaster/microwave etc.) Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

Apartment D

No of bedrooms 4				
profile		Capacity:		Occupancy:
Family		10		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"/>
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?				
Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> Other appliances (toaster/microwave etc.) Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

Carre

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

ROOM NUMBER 7				
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 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 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 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"/>				
If *, please give details:				

ROOM NUMBER 10				
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"/>				
If *, please give details:				

ROOM NUMBER 11				
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"/>

<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:				

General Representations

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

NONE

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

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

NONE

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.

Personal Representations

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

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

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

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Summary Sheet

Name of Centre:	Drishane Castle,
Address:	Millstreet, Co Cork
Proprietor :	Millstreet Equestrian Ltd
Manager:	Karol Smiech
Contact Name:	Karol Smiech
Capacity Per MOA (Current Occupancy):	354 (252)
Date of Inspection:	10/8/21

Fire Safety:

No issues found

Bedrooms:

Lakeside units internet not working
Room 24 castle – no light in bathroom
Room 9 redwood – hot water not working correctly
Catsle Rooms 49 & 35 leak coming from roof
Castle 33 TV not working

Note: All issues are logged in maintenance book and are being actioned. There are no long term maintenace issues unresolved.

Food Safety:

Shop has been recently expanded and holds a large variety of goods to the same level as any pubic/street syupermarket.
Stores also supplies other centres under Millstreet Services management.

General Grounds:

In good condition and well maintained.

Dear Ms Grace,

In reply to yours re the above

- The light in lakeside bathroom 24 was repaired
- Redwood no 9 hot water was rectified
- The dropdown in castle was rectified – the gutter outside was blocked with a child's teddy bear.
- TV in castle 33 is operational.

Sincerely,

Thomas Duggan
