

IPPS / IPAS

Independent Inspection Report

Centre:	Old Convent
Inspector:	Shane Mac Loughlin
Date of Inspection:	10/11/22
Time of Arrival & Departure:	3pm – 5.30pm

Part 1
General Information on Services

Independent Inspection Report

Centre: **Old Convent**

Date of Inspection: 10/11/22

1. CENTRE DETAILS

Name and address of Centre	Old Convent, Ballyhaunis , Mayo
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Contractor	Bridgestock Limited
Manager	John Nally
Who deputises for manager in his/her absence?	Give Job Title only Ass manager

Telephone Number	094 9632845
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Current Contracted Capacity	266
Current Occupancy (today)	245
Current Centre Profile (e.g., singles, families etc.)	families and single male/female

HSE Area	West
Public Health Nurse	Mairead Murphy
DSP / CWO name	Sinead O Brien
Environmental Health Officer name	Lynda Coyne
Local Fire Officer Name	Seamus Murphy
Local Fire Station	Ballyhaunis

Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?:	No
If yes, please give details:	
What was the date of the last certification?	
Have you a copy of the Certification	

2. Please provide a copy of the following

	Check List
Official Register	<input checked="" type="checkbox"/>
Menu Cycle	n/a
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	8-6 office manned, 6-8 night security
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?	
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: Manager
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	Oil Boilers
Do residents have control of the heating in their own bedroom?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, what arrangements are in place?	all are on temp stat
What are the heating 'ON' times?	

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?	induction on arrival

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, give details	
Are there procedures to allow residents to receive visitors? (Give details)	yes visitors allowed in main building
Outline visiting times :	10am-10pm
In what areas are visitors allowed in the centre?	main building

Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	room for excess luggage
What toiletries are provided to residents on arrival?	toothpaste and towels
What arrangements are in place to replenish these items?	on request or weekly

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: tracking app in use "snapinspect"	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	yes
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	yes
Where is declaration held?	office
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 corridor

9 FOOD SAFETY

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

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

Are residents consulted regarding menu / dietary requests? (Give details.)	shop in place for residents and residents now cook in own accommodations.
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 	Residents prepare own children's lunches
Is infant formula kept out of public view?	yes
What arrangements are in place for distribution of infant formula?	Available in shop

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Section does not apply as all residents now have cooking facilities of their own.
What food/snacks are available after hours or when kitchen is closed?	
Where are the snacks located and how are they accessed?	
Are meals available for residents who arrive late? (Give details.)	
Are meals available for new arrivals? (Give details)	
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	
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?	

12 FACILITIES FOR FEEDING BABIES

<i>Are the following available?</i>	Section does not apply as all residents now have cooking facilities of their own.
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	
Sterilisers	
Kettles	
Fridge (for bottles of EBM* / formula) *Expressed Breast Milk	
Bottle Warmer	
Microwave	

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 type="checkbox"/>	No <input checked="" type="checkbox"/>

13 INDOOR FACILITIES

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

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where does the service go to?	Galway and Castlebar
What is the frequency of the service? (List time table opposite)	monthly

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Saorview
An average, how many TV channels are provided to residents?	200
Are residents allowed to erect satellite dishes?	yes on request

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 & housekeeping
What procedures are in place for the exchange of towels and bed linen at the centre?	weekly changed
What procedures are in place for ironing boards and irons?	available in laundry room

How is washing powder / tablets supplied?	tablets supplied daily
Are there specific arrangements for access to the laundry (give details):	all houses/ABBEYVIEW have their own washer/dryer

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?	detergents, Bleach, washing up liquid, vacuum, brushes & dust pans
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Provided in each house/ABBEYVIEW
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Housekeeping on site daily

PART 2

Room by Room Inspection

Independent Inspection

Centre: Old Convent , Ballyhaunis

Date of Inspection: 10/11/22

Section A- Administration / Communal areas

17 Have you seen the following?

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

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	Dining room
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	reception
Supervision of children notice	<input checked="" type="checkbox"/>	throughout centre
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	n/a
IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	reception

18 Staff Awareness

Did you see the IPAS / IPPS Code of Practice*?	<input checked="" type="checkbox"/>
Are all staff aware of IPAS / IPPS Code & House Rules?	<input checked="" type="checkbox"/>
How are staff made aware of IPAS / IPPS Code & House Rules? staff sign declaration after reading it	

**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>
9/11/22	Night Porter	ok
10/11/22	Night Porter	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
16/8/22	Coleman electronics	<input checked="" type="checkbox"/>			
10/11/22	Duty Mgr	<input checked="" type="checkbox"/>			

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
30/10/22	Night Porter	<input checked="" type="checkbox"/>			
5/11/22	Night Porter	<input checked="" type="checkbox"/>			

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
9/11/22	Porter	<input checked="" type="checkbox"/>			
10/11/22	Night porter	<input checked="" type="checkbox"/>			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
16/8/22	All staff	Drills done in all ABBEYVIEWS, apartments and house over 7 hour period	average 2 mins	very extensive drills done which included every property under Bridgestock Old Convent control
3/3/2021	As above	As above		

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
all staff	fire warden trainig	Internal	1/2 day	15.9.15

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Outside main building
Are they marked?	yes
Are staff aware of locations?	yes
Comments:	

19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	yes
Are there smoke alarms throughout the premises, inc bedrooms?	yes
Are all smoke alarms linked back to a central control panel?	no Houses and ABBEYVIEWS are standalone buildings
Are there designated 'Smoking' areas? <i>Include locations</i>	No smoking inside buildings
Comments:	

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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: Main Building

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

Have you seen the following?

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

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

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

Social Room / Tea Station (State Location): each accommodation has its own kitchen

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

Pre-school Room:

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

Other comments:

DINING AREA:

Please outline the meal times: Shop system now in place where residents purchase products on points pricing system. Shop open from 9-4 Monday to Friday and 9-1 Saturday.

	From	To
Breakfast	n/a	
Lunch	n/a	
Dinner	n/a	

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

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

Breakfast	n/a
Lunch	n/a
Dinner	n/a

Is menu cycle on display?	n/a
Does menu cycle correspond with options available?	n/a
If no, ask manager for explanation and provide details:	
Which meal was sampled? Breakfast <input type="checkbox"/> Lunch <input checked="" type="checkbox"/> Dinner <input type="checkbox"/>	
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.)	
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	Yes <input checked="" type="checkbox"/> <input type="checkbox"/>
Give details of this option:	Fruit and vegetable selections
Were there ethnic dishes available?	Yes large variety in shop
Give details of this option:	Curries, spices etc.
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
In your opinion, does the food on offer appear to provide a good variety?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Did inspection take place during Ramadan?	no
If yes, please outline arrangements for provision of meals outside of normal mealtimes, (medical or other appointments, etc.): Food will be held over until evening time	
Is there any damaged seating or tables in dining room?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is there enough seating for residents present to sit down and eat their lunch?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Comments: All residents now have cooking facilities in own accommodations	

KITCHEN AREA: Food Safety Critical Requirements

Food Safety

Note : Hot food option has not been taken up by residents and is no longer an option.

Has the premises been inspected by an Environmental Health Officer?	Yes, Linda Coyne
Date of Visit?	24/1/18
issues highlight and rectified by management	

Has a HACCP system been implemented?	n/a
Who designed the HACCP system?	
Who is responsible for reviewing the system?	
How frequently is the system reviewed?	

Food Hall - Shop

Is the till system in place Electronic POS:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Relevant Certification (halal meats) in place/on display:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Is there appropriate storage; shelving, cold storage, dry storage:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Were the points value of the items clearly displayed:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Is the area generally clean:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If no for any of the above, please give details:				
Visual Check: Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Products in date, fresh food, ethnic food, Halal food, variety available, suitable range of food products, toiletries and cleaning materials.)				
If yes to any issues please give detail:				
Do food products available in the food hall reflect the reasonable needs of the different ethnic groups; e.g. the provision of halal food for Muslim residents, the provision of food for gluten free, vegetarian, vegan residents, etc. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
If no please give details:				
Products (Available) Check: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Adequately stocked in order to provide a choice for residents. Meat, fish (including oily fish); Eggs; Non-meat proteins such as pulses, beans and tofu; Dairy products including fortified milk; Variety of breakfast cereals, including porridge; Potatoes, wholegrains, rice				

and pasta; Fresh fruit and vegetables; Olive, rape and other cooking oils; Spices and sauces; Ethnic goods; Tea, coffee and other hot drinks; Sweets, pastries and carbonated drinks.		
Please Insert/List Some Items/Products Below;		
Item/Product:	Points Value:	Expiry Date on
Product:		
Overall Comments/Additional Comments: Well managed area with delivery records in place. Wide variety of product available. Social distancing in place		

HACCP records:

Pest Control: Rentokill inspect every two months no issues found
Induction and Ongoing Staff Training: Staff have received training in food safety hygiene
Time & Temperature Records: Food delivery, Fridge 1 & 2, Freezer 1 & 2, dishwasher (AM/PM). All records up to date.
Hygiene Audits: none necessary
List of Approved Suppliers: List of approved suppliers in place, with associated HACCP documentation. Very detailed and well done.
Cleaning Schedules: Daily and Weekly register in place. Evident that kitchen was maintained at high level of cleanliness.
Procedures for accepting deliveries: HACCP point plan in place. Copy of procedure delivery posted next to delivery door.
General Comments:

Structural Hygiene cont

Dry Goods

Suitably equipped? <i>Shelving/containers etc</i>	Area is suitably equipped, shelving and plastic containers.
Condition and suitability of facilities: All shelving is clean and well maintained.	
What evidence is there of stock rotation?	All foods within expiry date.

Refrigerated Storage

What type of refrigerated storage is provided?	1 Chest freezers, cool room & walk in freezer, 2 standing refrigerators.
Comment on the condition and suitability of the refrigerated storage: All freezers, and refrigerators kept clean and are in a good working order.	
Are thermostats provided and in working order?	Yes, all in working order.
Are food items date stamped?	Yes.
Are samples of dishes being kept?	Yes. Samples are kept for one week.

Other

Is there appropriate storage for cleaning agents and chemicals?	Chemical room provided with adequate ventilation.
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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? e.g. <i>colour coded chopping boards</i>
n/a

Is the necessary holding equipment provided? e.g. <i>bain maries, refrigerated units</i>
Yes – all equipment in good condition and clean

Condition and suitability of serving equipment and utensils:
All serving equipment is clean and well maintained.

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

Comments:

Staff Facilities and Hygiene

Are designated staff facilities provided?	Yes.
What facilities are in place?	Staff changing room and toilets next to dining room, and staff room.

Are all areas clean and well maintained?	Yes. All areas kept clean and in good condition, however flooring is damaged.
Are suitable hand washing & drying facilities provided?	Yes, provided within toilet facilities.
Is storage provided for personal belongings?	Lockers and hanging space provided in staff changing room.
Are showers provided? <i>indicate cleanliness& suitability</i>	Yes

Is a designated area provided for staff breaks? <i>If yes, is it clean/suitable/well maintained</i> <i>If no, outline arrangements for breaks</i>	Staff room in place for breaks, refrigerator provided.
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Are uniforms provided for:	
Kitchen Staff?	Yes – work as shop staff
Serving Staff?	n/a

Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i>	All uniforms of a clean standard.
Is personal grooming satisfactory?	Satisfactory.
Are safe habits practiced?	Yes,
<p>General Comments on staff facilities:</p> <p>Staff facilities well maintained.</p>	

23 PUBLIC TOILET (State Location): Corridor opposite office

	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 checked="" 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?						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
/Record the last time entry.						9/11/22
Is the area clean? (provide comment) yes						

Are all facilities working?	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
Visual Check: Have you noticed any issues requiring attention?	Yes* <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:		

24 COMMUNAL ROOM (State Location): **Ground floor main building**

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

LAUNDRY ROOM

	Washing Machines	Dryers
Number	6	8
Do they appear to be in working order? yes		
Comments: houses have their own washer/dryers		

CORRIDOR (State Location): **all main building**

Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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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 (State Location): Main building

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

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	Weekly
Who cleans the bedrooms?	Residents
How often do staff clean the bedrooms?	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?	Detergents, brushes, dust pan, vacuum, bleach, toilet cleaners.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Housekeeping will assist

ABBEY VIEW

ABBEYVIEW 1

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:				

ABBEYVIEW 2

No of bedrooms 3				
profile		Capacity:		Occupancy:
Family		4		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:

ABBEYVIEW 3

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:				

ABBEYVIEW 4

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:				

ABBEYVIEW 5

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:		

ABBEYVIEW 6

No of bedrooms 3				
profile		Capacity:		Occupancy:
Family		4		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:				

ABBEYVIEW 7

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:				

ABBEYVIEW 8

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"/>
	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:				

ABBEYVIEW 9

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"/>
	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:				

ABBEYVIEW 10

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"/>
	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:				

ABBEYVIEW 11

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"/>
	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:				

ABBEYVIEW 12

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"/>
	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:				

HOUSES

House 1

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		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"/>
	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:				

House 2

No of bedrooms 4 (2 upstairs & 2 downstairs)

profile		Capacity:		Occupancy:	
2 Families		8		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?					
			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:					

House 3

No of bedrooms 4 (2 upstairs & 2 downstairs)					
profile		Capacity:		Occupancy:	
2 Families		6		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?					
			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:					

House 4

No of bedrooms 4 (2 upstairs & 2 downstairs)					
profile		Capacity:		Occupancy:	
2 Families		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?					
			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:					

House 5

No of bedrooms 4 (2 upstairs & 2 downstairs)

profile		Capacity:		Occupancy:	
2 Families		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:					

House 6

No of bedrooms 4 (2 upstairs & 2 downstairs)					
profile		Capacity:		Occupancy:	
2 Families		10		8	
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:					

House 7

No of bedrooms 4 (2 upstairs & 2 downstairs)					
profile		Capacity:		Occupancy:	
2 Families		7		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?					
			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:					

House 8

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		9		8
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:				

House 9

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		7		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?				
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:				

House 10

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		7		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?				
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"/>

House 11

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		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?				
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:				

House 12

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		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"/>
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:				

House 14

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		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:				

House 15

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		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:				

House 16

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		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"/>
	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 type="checkbox"/>	No * <input checked="" type="checkbox"/>
		Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

House 17

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		8		8
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:

House 18

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		9		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?				
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:				

Upper Main Street

No of bedrooms 3)				
profile		Capacity:		Occupancy:
Families		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?				
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 1 Abbeycourt

No of bedrooms 2				
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?				
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 2 Abbeycourt

No of bedrooms 2				
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?				
		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 3 Abbeycourt

No of bedrooms 1				
profile		Capacity:		Occupancy:
Family		2		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?				
		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 4 Abbeycourt

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?			
	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 5 Abbeycourt

No of bedrooms 2				
profile		Capacity:		Occupancy:
Family		3		4
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?				
	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 6 Abbeycourt

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"/>
	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:				

Apartment 7 Abbeycourt

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"/>

	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:				

Apartment8 Abbeycourt

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"/>
	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:				

Apartment 14

No of bedrooms 2				
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"/>
	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:				

Apartment 15

No of bedrooms 5				
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:				

Apartment 16

No of bedrooms 5				
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:				

Apartment 17

No of bedrooms 5				
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"/>
	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:				

Apartment 1 main Building

No of bedrooms 2		
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:				

Apartment 2 main building

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?				
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 3 main building

No of bedrooms 1				
profile		Capacity:		Occupancy:
Family		2		3
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?				
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 4 main building

No of bedrooms 2				
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?				
<div style="display: flex; justify-content: space-between;"> <div> 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"/> </div> </div>				
If *, please give details:				

Apartment 5 main building

No of bedrooms 1				
profile		Capacity:		Occupancy:
Family		2		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?				
<div style="display: flex; justify-content: space-between;"> <div> 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"/> </div> </div>				
If *, please give details:				

Apartment 6 main buidling

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

Apartment 7 main building

No of bedrooms 1				
profile		Capacity:		Occupancy:
Family		1		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?				
<div style="display: flex; justify-content: space-between;"> <div> <p>Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p>Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p>Other appliances (toaster/microwave etc.) Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> </div> </div>				
If *, please give details:				

Apartment 8 main building

No of bedrooms 1				
profile		Capacity:		Occupancy:
Family		2		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?				
<div style="display: flex; justify-content: space-between;"> <div> <p>Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p>Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> </div> </div>				

Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: shower not draining		

Apartment 9 main building

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?				
<div style="display: flex; justify-content: space-between;"> <div> <p>Cooker Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p>Fridge Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> <p>Other appliances (toaster/microwave etc.) Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/></p> </div> </div>				
If *, please give details:				

General Representations

<p>If you were approached by any <u>residents</u> regarding general issues while in the centre please outline the details below:</p>
--

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

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

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

Personal representations should be recorded in Part 3.

Summary Sheet

Name of Centre:	Old Convent
Address:	Ballyhaunis Co Mayo
Proprietor :	Bridgestock ltd
Manager:	John Nally
Contact Name:	John Nally
Capacity Per MOA (Current Occupancy):	266 (245)
Date of Inspection:	10/11/22

General :

General appearance and look of grounds and facilities is very good.

Fire Safety: No fire safety issues

Food Safety: No food safety issues

House / Apartment issues: Shower Apartment 2 in need of repair

Hall heater in Apt 15 needs repair

House 2 leak in kitchen ceiling

Annex 11 bathroom ceiling needs painting

Other issues: none

IPPS / IPAS

Independent Inspection Report

Centre:	Old Convent
Inspector:	Shane Mac Loughlin
Date of Inspection:	22/3/22
Time of Arrival & Departure:	3pm – 5.30pm

Part 1
General Information on Services

Independent Inspection Report

Centre: **Old Convent**

Date of Inspection: 22/3/22

1. CENTRE DETAILS

Name and address of Centre	Old Convent, Ballyhaunis , Mayo
----------------------------	--

Contractor	Bridgestock Limited
Manager	John Nally
Who deputises for manager in his/her absence?	Give Job Title only Ass manager

Telephone Number	094 9632845
------------------	--------------------

Current Contracted Capacity	266
Current Occupancy (today)	230
Current Centre Profile (e.g., singles, families etc.)	families and single male/female

HSE Area	West
Public Health Nurse	Mairead Murphy
DSP / CWO name	Sinead O Brien
Environmental Health Officer name	Lynda Coyne
Local Fire Officer Name	Seamus Murphy
Local Fire Station	Ballyhaunis

Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?:	No
If yes, please give details:	
What was the date of the last certification?	
Have you a copy of the Certification	

2. Please provide a copy of the following

	Check List
Official Register	<input checked="" type="checkbox"/>
Menu Cycle	n/a
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	8-6 office manned, 6-8 night security
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?	
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: Manager
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	Oil Boilers
Do residents have control of the heating in their own bedroom?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, what arrangements are in place?	all are on temp stat
What are the heating 'ON' times?	

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?	induction on arrival

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, give details	
Are there procedures to allow residents to receive visitors? (Give details)	yes visitors allowed in main building
Outline visiting times :	10am-10pm
In what areas are visitors allowed in the centre?	main building

Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	room for excess luggage
What toiletries are provided to residents on arrival?	toothpaste and towels
What arrangements are in place to replenish these items?	on request or weekly

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: New maintenance tracking app in use "snapinspect" is working very well	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	yes
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	yes
Where is declaration held?	office
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 corridor

9 FOOD SAFETY

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

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

Are residents consulted regarding menu / dietary requests? (Give details.)	shop in place for residents and residents now cook in own accommodations.
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 	Residents prepare own children's lunches
Is infant formula kept out of public view?	yes
What arrangements are in place for distribution of infant formula?	Available in shop

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Section does not apply as all residents now have cooking facilities of their own.
What food/snacks are available after hours or when kitchen is closed?	
Where are the snacks located and how are they accessed?	
Are meals available for residents who arrive late? (Give details.)	
Are meals available for new arrivals? (Give details)	
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	
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?	

12 FACILITIES FOR FEEDING BABIES

<i>Are the following available?</i>	Section does not apply as all residents now have cooking facilities of their own.
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	
Sterilisers	
Kettles	
Fridge (for bottles of EBM* / formula) *Expressed Breast Milk	
Bottle Warmer	
Microwave	

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 type="checkbox"/>	No <input checked="" type="checkbox"/>

13 INDOOR FACILITIES

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

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where does the service go to?	Galway and Castlebar
What is the frequency of the service? (List time table opposite)	monthly

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Saorview
An average, how many TV channels are provided to residents?	200
Are residents allowed to erect satellite dishes?	yes on request

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 & housekeeping
What procedures are in place for the exchange of towels and bed linen at the centre?	weekly changed
What procedures are in place for ironing boards and irons?	available in laundry room

How is washing powder / tablets supplied?	tablets supplied daily
Are there specific arrangements for access to the laundry (give details):	all houses/ABBEYVIEW have their own washer/dryer

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?	detergents, Bleach, washing up liquid, vacuum, brushes & dust pans
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Provided in each house/ABBEYVIEW
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Housekeeping on site daily

PART 2

Room by Room Inspection

Independent Inspection

Centre: Old Convent , Ballyhaunis

Date of Inspection: 22/3/22

Section A- Administration / Communal areas

17 Have you seen the following?

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

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	Dining room
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	reception
Supervision of children notice	<input checked="" type="checkbox"/>	throughout centre
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	n/a
IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	reception

18 Staff Awareness

Did you see the IPAS / IPPS Code of Practice*?	<input checked="" type="checkbox"/>
Are all staff aware of IPAS / IPPS Code & House Rules?	<input checked="" type="checkbox"/>
How are staff made aware of IPAS / IPPS Code & House Rules? staff sign declaration after reading it	

**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>
20/3/22	Night Porter	ok
19/3/22	Night Porter	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
20/3/22	Duty Mgr	<input checked="" type="checkbox"/>			
19/3/22	Duty Mgr	<input checked="" type="checkbox"/>			

19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

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

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
20/3/22	Night Porter	<input checked="" type="checkbox"/>			
19/3/22	Night Porter	<input checked="" type="checkbox"/>			

19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
20/3/22	Porter	<input checked="" type="checkbox"/>			
19/3/22	Night porter	<input checked="" type="checkbox"/>			

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
18/8/2021	All staff	Drills done in all ABBEYVIEWS, apartments and house over 7 hour period	average 2 mins	very extensive drills done which included every property under Bridgestock Old Convent control

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
all staff	fire warden trainig	Internal	1/2 day	15.9.15

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Outside main building
Are they marked?	yes
Are staff aware of locations?	yes
Comments:	

19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	yes
Are there smoke alarms throughout the premises, inc bedrooms?	yes
Are all smoke alarms linked back to a central control panel?	no Houses and ABBEYVIEWS are standalone buildings
Are there designated 'Smoking' areas? <i>Include locations</i>	No smoking inside buildings
Comments:	

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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: Main Building

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

Have you seen the following?

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

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

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

Social Room / Tea Station (State Location): each accommodation has its own kitchen

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

Pre-school Room:

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

Other comments:

DINING AREA:

Please outline the meal times: Shop system now in place where residents purchase products on points pricing system. Shop open from 9-4 Monday to Friday and 9-1 Saturday.

	From	To
Breakfast	n/a	
Lunch	n/a	
Dinner	n/a	

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

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

Breakfast	n/a
Lunch	n/a
Dinner	n/a

Is menu cycle on display?	n/a
Does menu cycle correspond with options available?	n/a
If no, ask manager for explanation and provide details:	
Which meal was sampled? Breakfast <input type="checkbox"/> Lunch <input checked="" type="checkbox"/> Dinner <input type="checkbox"/>	
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.)	
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	Yes <input checked="" type="checkbox"/> <input type="checkbox"/>
Give details of this option:	Fruit and vegetable selections
Were there ethnic dishes available?	Yes large variety in shop
Give details of this option:	Curries, spices etc.
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
In your opinion, does the food on offer appear to provide a good variety?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Did inspection take place during Ramadan?	no
If yes, please outline arrangements for provision of meals outside of normal mealtimes, (medical or other appointments, etc.): Food will be held over until evening time	
Is there any damaged seating or tables in dining room?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is there enough seating for residents present to sit down and eat their lunch?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Comments: All residents now have cooking facilities in own accommodations	

KITCHEN AREA: Food Safety Critical Requirements

Food Safety

Note : Hot food option has not been taken up by residents and is no longer an option.

Has the premises been inspected by an Environmental Health Officer?	Yes, Linda Coyne
Date of Visit?	24/1/18
issues highlight and rectified by management	

Has a HACCP system been implemented?	n/a
Who designed the HACCP system?	
Who is responsible for reviewing the system?	
How frequently is the system reviewed?	

Food Hall - Shop

Is the till system in place Electronic POS:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Relevant Certification (halal meats) in place/on display:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Is there appropriate storage; shelving, cold storage, dry storage:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Were the points value of the items clearly displayed:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Is the area generally clean:	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If no for any of the above, please give details:				
Visual Check: Have you noticed any issues requiring attention? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Products in date, fresh food, ethnic food, Halal food, variety available, suitable range of food products, toiletries and cleaning materials.)				
If yes to any issues please give detail:				
Do food products available in the food hall reflect the reasonable needs of the different ethnic groups; e.g. the provision of halal food for Muslim residents, the provision of food for gluten free, vegetarian, vegan residents, etc. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
If no please give details:				
Products (Available) Check: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Adequately stocked in order to provide a choice for residents. Meat, fish (including oily fish); Eggs; Non-meat proteins such as pulses, beans and tofu; Dairy products including fortified milk; Variety of breakfast cereals, including porridge; Potatoes, wholegrains, rice				

and pasta; Fresh fruit and vegetables; Olive, rape and other cooking oils; Spices and sauces; Ethnic goods; Tea, coffee and other hot drinks; Sweets, pastries and carbonated drinks.

Please Insert/List Some Items/Products Below;

Item/Product: Product:	Points Value:	Expiry Date on
White loaf	1.00	27/3/22
2L Milk	1.49	29/3/22
Chicken	4.00	9/4/22

Overall Comments/Additional Comments:

Well managed area with delivery records in place. Wide variety of product available.

Social distancing in place

HACCP records:

Pest Control: Rentokill inspect every two months no issues found

Induction and Ongoing Staff Training:

Staff have received training in food safety hygiene

Time & Temperature Records:

Food delivery, Fridge 1 & 2, Freezer 1 & 2, dishwasher (AM/PM). All records up to date.

Hygiene Audits: none necessary

List of Approved Suppliers: List of approved suppliers in place, with associated HACCP documentation. Very detailed and well done.

Cleaning Schedules: Daily and Weekly register in place. Evident that kitchen was maintained at high level of cleanliness.

Procedures for accepting deliveries: HACCP point plan in place. Copy of procedure delivery posted next to delivery door.

General Comments:

Structural Hygiene cont

Dry Goods

Suitably equipped? <i>Shelving/containers etc</i>	Area is suitably equipped, shelving and plastic containers.
Condition and suitability of facilities: All shelving is clean and well maintained.	
What evidence is there of stock rotation?	All foods within expiry date.

Refrigerated Storage

What type of refrigerated storage is provided?	1 Chest freezers, cool room & walk in freezer, 2 standing refrigerators.
Comment on the condition and suitability of the refrigerated storage: All freezers, and refrigerators kept clean and are in a good working order.	
Are thermostats provided and in working order?	Yes, all in working order.
Are food items date stamped?	Yes.
Are samples of dishes being kept?	Yes. Samples are kept for one week.

Other

Is there appropriate storage for cleaning agents and chemicals?	Chemical room provided with adequate ventilation.
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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? e.g. <i>colour coded chopping boards</i>
n/a

Is the necessary holding equipment provided? e.g. <i>bain maries, refrigerated units</i>
Yes – all equipment in good condition and clean

Condition and suitability of serving equipment and utensils:
All serving equipment is clean and well maintained.

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

Comments:

Staff Facilities and Hygiene

Are designated staff facilities provided?	Yes.
What facilities are in place?	Staff changing room and toilets next to dining room, and staff room.

Are all areas clean and well maintained?	Yes. All areas kept clean and in good condition, however flooring is damaged.
Are suitable hand washing & drying facilities provided?	Yes, provided within toilet facilities.
Is storage provided for personal belongings?	Lockers and hanging space provided in staff changing room.
Are showers provided? <i>indicate cleanliness& suitability</i>	Yes

Is a designated area provided for staff breaks? <i>If yes, is it clean/suitable/well maintained</i> <i>If no, outline arrangements for breaks</i>	Staff room in place for breaks, refrigerator provided.
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Are uniforms provided for:	
Kitchen Staff?	Yes – work as shop staff
Serving Staff?	n/a

Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i>	All uniforms of a clean standard.
Is personal grooming satisfactory?	Satisfactory.
Are safe habits practiced?	Yes,
<p>General Comments on staff facilities:</p> <p>Staff facilities well maintained.</p>	

23 PUBLIC TOILET (State Location): Corridor opposite office

	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 checked="" 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?					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
/Record the last time entry.					16/12/21	
Is the area clean? (provide comment) yes						

Are all facilities working?	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
Visual Check: Have you noticed any issues requiring attention?	Yes* <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:		

24 COMMUNAL ROOM (State Location): **Ground floor main building**

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

LAUNDRY ROOM

	Washing Machines	Dryers
Number	6	8
Do they appear to be in working order? yes		
Comments: houses have their own washer/dryers		

CORRIDOR (State Location): **all main building**

Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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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 (State Location): Main building

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

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	Weekly
Who cleans the bedrooms?	Residents
How often do staff clean the bedrooms?	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?	Detergents, brushes, dust pan, vacuum, bleach, toilet cleaners.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Housekeeping will assist

ABBEY VIEW

ABBEYVIEW 1

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:				

ABBEYVIEW 2

No of bedrooms 3				
profile		Capacity:		Occupancy:
Family		4		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:

ABBEYVIEW 3

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:				

ABBEYVIEW 4

No of bedrooms 3				
profile		Capacity:		Occupancy:
Family		4		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?				
		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:				

ABBEYVIEW 5

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:		

ABBEYVIEW 6

No of bedrooms 3				
profile		Capacity:		Occupancy:
Family		4		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 <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <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:				

ABBEYVIEW 7

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 <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <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:				

ABBEYVIEW 8

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"/>
	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:				

ABBEYVIEW 9

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"/>
	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:				

ABBEYVIEW 10

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"/>
	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:				

ABBEYVIEW 11

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"/>
	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:				

ABBEYVIEW 12

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"/>
	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:				

HOUSES

House 1

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		10		8
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:				

House 2

No of bedrooms 4 (2 upstairs & 2 downstairs)

profile		Capacity:		Occupancy:	
2 Families		8		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:					

House 3

No of bedrooms 4 (2 upstairs & 2 downstairs)					
profile		Capacity:		Occupancy:	
2 Families		6		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?					
		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:					

House 4

No of bedrooms 4 (2 upstairs & 2 downstairs)					
profile		Capacity:		Occupancy:	
2 Families		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?					
		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:					

House 5

No of bedrooms 4 (2 upstairs & 2 downstairs)

profile		Capacity:		Occupancy:	
2 Families		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:					

House 6

No of bedrooms 4 (2 upstairs & 2 downstairs)					
profile		Capacity:		Occupancy:	
2 Families		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?					
			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:					

House 7

No of bedrooms 4 (2 upstairs & 2 downstairs)					
profile		Capacity:		Occupancy:	
2 Families		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?					
			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:					

House 8

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		9		8
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:				

House 9

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		7		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?				
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:				

House 10

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		7		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?				
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"/>

House 11

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		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?				
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:				

House 12

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		7		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:				

House 14

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		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?				
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:				

House 15

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		7		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"/>
	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:				

House 16

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		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"/>
	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 type="checkbox"/>	No * <input checked="" type="checkbox"/>
		Other appliances (toaster/microwave etc.)	Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

House 17

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		8		8
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:

House 18

No of bedrooms 4 (2 upstairs & 2 downstairs)				
profile		Capacity:		Occupancy:
2 Families		9		6
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input 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 1 Abbeycourt

No of bedrooms 2				
profile		Capacity:		Occupancy:
Family		3		3
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input 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 2 Abbeycourt

No of bedrooms 2				
profile		Capacity:		Occupancy:
Family		3		3
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input 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 3 Abbeycourt

No of bedrooms 1				
profile		Capacity:		Occupancy:
Family		2		3
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <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 4 Abbeycourt

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 <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <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 5 Abbeycourt

No of bedrooms 2				
profile		Capacity:		Occupancy:
Family		3		4
TV	Bathroom	kitchen	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?				
	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 6 Abbeycourt

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"/>
	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:				

Apartment 7 Abbeycourt

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"/>
	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:				

Apartment8 Abbeycourt

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?				
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 14

No of bedrooms 2				
profile fSCr5		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:				

Apartment 15

No of bedrooms 5				
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 16

No of bedrooms 5

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?					
			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 17

No of bedrooms 5					
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:					

Apartment 1 main Building

No of bedrooms 2					
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:					

Apartment 2 main building

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?						
			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 3 main building

No of bedrooms 1						
profile			Capacity:		Occupancy:	
Family			2		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?						
			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 4 main building

No of bedrooms 2						
profile			Capacity:		Occupancy:	
Family			3		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> 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"/> </p>
If *, please give details:

Apartment 5 main building

No of bedrooms 1				
profile		Capacity:		Occupancy:
Family		2		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> 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"/> </p>				
If *, please give details:				

Apartment 6 main buidling

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> 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"/> </p>				
If *, please give details:				

Apartment 7 main building

No of bedrooms 1				
profile		Capacity:		Occupancy:
Family		1		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?				
<div style="display: flex; justify-content: space-between;"> <div> 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"/> </div> </div>				
If *, please give details:				

Apartment 8 main building

No of bedrooms 1				
profile		Capacity:		Occupancy:
Family		2		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?				
<div style="display: flex; justify-content: space-between;"> <div> 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"/> </div> </div>				
If *, please give details: shower not draining				

Apartment 9 main building

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<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:				

General Representations

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

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

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

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

Personal representations should be recorded in Part 3.

Summary Sheet

Name of Centre:	Old Convent
Address:	Ballyhaunis Co Mayo
Proprietor :	Bridgestock ltd
Manager:	John Nally
Contact Name:	John Nally
Capacity Per MOA (Current Occupancy):	266 (230)
Date of Inspection:	22/3/22

General :

All outsides of houses have been repainted and look very well – General appearance and look of grounds and facilities is very good.

Fire Safety: No fire safety issues

Food Safety: No food safety issues

.

House / Apartment issues: No major issues – minor maintenance and upkeep ongoing and tracked daily.

Other issues: none

From: David Lardner (DCEDIY)

Sent: Tuesday 29 November 2022 16:51

To: [REDACTED]

Subject: IPPS - Inspection Reports The Old Convent Accommodation Centre - Please review and respond

Dear Mr Gillen,

Please find attached PDF copies of the IPPS Independent Inspection Reports from QTS Ltd for The Old Convent Accommodation Centre, dated 22/03/2022 and 10/11/2022 which were completed this year.

I would be grateful if you could please review the reports and if there are any comments on the inspection reports which require remediation I would be grateful if you could please revert back to me by email confirming actions taken.

I would be grateful if we could receive your response by Tuesday 13th December 2022

With Kind regards,

David.

David Lardner
International Protection Procurement Services

—

The Department of Children, Equality, Disability, Integration and Youth.
An Roinn Leanaí, Comhionannais, Míchumais, Lánpháirtíochta agus Óige

david.lardner@equality.gov.ie
+353 (0)1 237 6038
<https://www.gov.ie/dcediy>

9th December 2022

Mr. David Lardner
International Protection Procurement Service
Department of Children, Equality, Disability, Integration & Youth

Re: QTS Inspection at the Old Convent on the 22nd March and the 10th November 2022.

Dear David,

I refer to the inspection carried out by QTS at the Old Convent, Ballyhaunis on the 22nd of March and the 10th November 2022.

I am pleased to note the overall outcome of the inspection with a small number of items being highlighted for attention. The following are our comments in relation to items highlighted.

Housing units:

- House 2- The leak in the kitchen ceiling has been repaired.

Annex:

- Annex 11-The bathroom ceiling was painted on the 11/11/22.

Abbey view Apartments

- Apartment 15- The radiator in the hallway was bleed on the 11/11/22.

Apartments

- Apartment 2, Abbey Court- The shower was repaired on the 11/11/22.

I trust that you will find the above to be in order and if I can be of any further assistance, please let me know.

Yours Sincerely,

John Nally
Centre Manager