

Part 1
General Information on Services

Independent Inspection Report

Centre: Kinsale

RoadAccommodation Centre

Date of Inspection: 07/12/22

1. CENTRE DETAILS

| | |
|----------------------------|---|
| Name and address of Centre | Kinsale Road, Kinsale Road, Co. Cork |
|----------------------------|---|

| | |
|---|---|
| Contractor | Aramark |
| Manager | Breda Keane |
| Who deputises for manager in his/her absence? | Give Job Title only Ass. Manager |

| | |
|------------------|-------------------|
| Telephone Number | 0214318932 |
|------------------|-------------------|

| | |
|---|--|
| Current Contracted Capacity | 301 |
| Current Occupancy (today) | 283 |
| Current Centre Profile (e.g., singles, families etc.) | Families, single male & single female |

| | |
|-----------------------------------|------------------------------------|
| HSE Area | Cork |
| Public Health Nurse | varies |
| DSP / CWO name | Roseanne Donovan |
| Environmental Health Officer name | Monica Jones |
| Local Fire Officer Name | Gerald Malone |
| Local Fire Station | Cork City (Angelesa street) |

| | |
|---|---|
| Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If yes, please give details: NSAI ISO 9001 & 22000 | |
| What was the date of the last certification? | Jan 22 |
| Have you a copy of the Certification | Held at HQ & on display |

2. Please provide a copy of the following

| | Check List |
|---|-------------------------------------|
| Official Register (not provided due to GDPR) | <input checked="" type="checkbox"/> |
| Menu Cycle | <input checked="" type="checkbox"/> |
| Staffing Lists as follows: | |
| 1. Full list of staff employed at the centre (indicating Names, Titles, Roles, etc.,) | <input checked="" type="checkbox"/> |
| 2. Indicate who is on duty at time of inspection (today) | <input checked="" type="checkbox"/> |
| 3. a separate list of Designated Liaison Persons (child protection) | <input checked="" type="checkbox"/> |

3 GENERAL SECURITY & EMERGENCY DETAILS

| | |
|--|--|
| Is 24 hour supervision provided? (Y/N) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Give details of roster hours | 24 HR SECURITY |
| Is security provided by external company? (Y/N) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If yes, give name of company: | Synergy |
| Does the centre have CCTV? (Y/N) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Is a list of emergency numbers available in the Manager's office? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service IPAS/IPPSout 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: RECEPTION, KITCHEN , MAIN GATE - CHECKED BY ASS. MANAGER MONTHLY |
| 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? | Electric |
| Do residents have control of the heating in their own bedroom? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| If no, what arrangements are in place? | CENTRAL CONTROL |
| What are the heating 'ON' times? | AS REQUIRED |

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? | during 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 type="checkbox"/> No <input checked="" type="checkbox"/> |
| If no, give details | blocks are never locked |
| Are there procedures to allow residents to receive visitors? (Give details) | sign in at reception |
| Outline visiting times : | 8am-10pm |

| | |
|--|--|
| In what areas are visitors allowed in the centre? | communal rooms / lounges |
| Any other relevant information: | |
| Is there a facility for storage of residents' valuables*? (Give details.)(*Storage is at resident's own risk) | Safe |
| What toiletries are provided to residents on arrival? | shampoo, shower gel, tooth brush, tooth paste |
| What arrangements are in place to replenish these items? | First Thursday of the month |

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: day book at reception logs maintenance duties/actions required reviewed along with the security book. | |

8 CHILD PROTECTION

| | |
|--|-------------------------------|
| Are measures in place to inform staff and visitors of IPAS/IPPS'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? | in managers office |
| Is there a sign in book for visitors? Where? | reception |
| Are there notices on public display giving name and contact details of Designated Liaison Person? Where? | yes |
| Have Designated Liaison Persons received HSE training? | yes |
| Are notices prominently displayed regarding parental supervision of children? Where? | yes , in all buildings |

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: | April 2022 No Issues |

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

| | |
|--|--|
| Are residents consulted regarding menu / dietary requests? (Give details.) | yes |
| Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other? Drinks? Juice? Water? Yogurt? Fruit? Other | Sandwich bread, variety of fruit, yogurts, juices Please also provide details of the system for distribution of school lunches: Collected at breakfast 7;30-10am |
| Is infant formula kept out of public view? | yes office |
| What arrangements are in place for distribution of infant formula? | available on Tuesdays and when required |

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

| | |
|--|---|
| Are tea / coffee / drinking water / Snacks etc. available outside mealtimes? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| What food/snacks are available after hours or when kitchen is closed? | fruit, bread |
| Where are the snacks located and how are they accessed? | can be accessed by requesting from night staff |
| Are meals available for residents who arrive late? (Give details.) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> once kitchen notified |
| Are meals available for new arrivals? (Give details) | on notification kitchen will hold plated meal |
| Are packed lunches available for residents travelling to Dublin on official business? (Give details) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> once manager informed |
| If the inspection takes place during Ramadan this section must be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan? | not applicable |

12 FACILITIES FOR FEEDING BABIES

| | |
|--|--|
| Are the following available? | Yes/No |
| Access to drinking water (for breastfeeding mothers / for preparation of infant formula) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Sterilisers | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Kettles | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Fridge (for bottles of EBM* / formula)* <i>Expressed Breast Milk</i> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> own fridges |
| Bottle Warmer | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Microwave | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Are these facilities available 24 hours a day | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Is there a dedicated room provided? Where? | Yes <input 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 checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| Computer Games | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| Snooker Table | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Pool Table | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| Table Tennis Table | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| Board Games | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| Newspapers | Yes | <input 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 | fussball, sony playstation | | | |
| Give details of any other arrangement or other comments: | | | | |

14 TRANSPORT ARRANGEMENTS

| | |
|---|---|
| Is there a bus service provided? (Yes/No): | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Where does the service go to? | Cork city centre |
| What is the frequency of the service? (List time table opposite) | Every hour during the day. |

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? | over 200 |
| Are residents allowed to erect satellite dishes? | no |

16 LAUNDRY FACILITIES (General Arrangements)

| | |
|--|---|
| Are Laundry facilities available in the centre? (Y/N) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If No, what service is provided? | |
| Who launders towels and bedlinen? (e.g., residents, staff, other, etc) | External contractor |
| What procedures are in place for the exchange of towels and bed linen at the centre? | every 2 weeks replaced |
| What procedures are in place for ironing boards and irons? | available from reception |
| How is washing powder / tablets supplied? | automatic dosing systems |
| Are there specific arrangements for access to the laundry (give details): | 8am - 12 midnight |

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, mops, brushes etc. each resident has cleaning mop-bucket-brush tray |
| What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment? | Available from reception |
| What arrangements are in place if rooms are not cleaned sufficiently by residents? | Written notice given to resident, if resident doesn't clean room, room will be cleaned by staff |

PART 2

Room by Room Inspection

Independent Inspection

Centre: Kinsale Road

Date of Inspection: 06/12/22

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"/> | Reception |

| | | |
|---|-------------------------------------|----------------------------|
| 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"/> | Reception & each building. |
| Gym Notices (Child Safety – if applicable) | <input checked="" type="checkbox"/> | Gym |
| IOM Voluntary Return Posters | <input checked="" type="checkbox"/> | Reception |

18 Staff Awareness

| | |
|--|-------------------------------------|
| Did you see the IPAS/IPPSCode of Practice*? | <input checked="" type="checkbox"/> |
| Are all staff aware of IPAS/IPPSCode & House Rules? | <input checked="" type="checkbox"/> |
| How are staff made aware of IPAS/IPPSCode & House Rules? read and sign off | |

**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> |
|-------------|--|-----------------|
| 05/12/22 | Maintenance | Ok |
| TBC | EM Com Systems | 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 |
|----------|---|-------------------------------------|--------|-----------------------------|--------------|
| 18/11/22 | Em-com | <input checked="" type="checkbox"/> | None | | |
| 05/12/22 | maintenance | <input checked="" type="checkbox"/> | None | | |

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 |
|-----------------|--|-------------------------------------|--------|------------------------------|--------------|
| 17/11/22 | Amber fire | <input checked="" type="checkbox"/> | | | |
| 04/12/22 | Security | <input checked="" type="checkbox"/> | | | |
| 05/12/22 | Security | <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 |
|-----------------|--|-------------------------------------|--------|------------------------------|--------------|
| 04/12/22 | Maintenance | <input checked="" type="checkbox"/> | | | |
| 05/12/22 | Maintenance | <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 |
|-----------------|------------------------------------|---|-----------------|---|
| 23/03/22 | 7 | 23 | 12 | All ok |
| 08/11/22 | 13 | 40 | 37min | 37min over 7 blocks Average 4 min per block. |

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

| Job Description | Course | Instructor | Duration | Date |
|------------------|--------------------|--------------|--------------|----------------|
| all staff | Fire Safety | Amber | 1 day | 9/10/21 |
| | | | | |

19g FIRE ASSEMBLY POINTS

| | |
|---|------------------|
| Where are the Fire Assembly Points located? | main gate |
| Are they marked? | yes |
| Are staff aware of locations? | yes |
| Comments: | |

19h FIRE ALARM SYSTEM

| | |
|---|------------|
| Is there a fire alarm system in place? | yes |
| Are there smoke alarms throughout the premises, inc bedrooms? | yes |
| Are all smoke alarms linked back to a central control panel? | yes |

| | |
|---|----------------------------------|
| Are there designated 'Smoking' areas? <i>Include locations</i> | Yes, exterior to building |
| Comments: | |

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

| | |
|--|------------|
| Are fire exits clear from obstruction? | yes |
| Are they unlocked? | yes |
| Are fire exits clearly posted throughout the building? | yes |
| Are all fire doors kept closed? | yes |
| Are fire evacuation instructions clearly displayed in the centre? | yes |
| Are fire extinguishers clearly visible? | yes |
| Is there emergency lighting system in place? | yes |
| Comments: all fire register cheks by staff are up to date and records available | |

Administration Area:

Reception:

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

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"/> | Manger 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"/> | all buildings |
| Gym Notices (Child Safety – if applicable) | <input checked="" type="checkbox"/> | gym |

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

Social Room / Tea Station (State Location): Main buidling

| | |
|--|---|
| What facilities are provided? tea/coffee facilities and 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"/> | (observe whether the area is colourful, has sufficient toys, changing areas, toilets in working order, etc) |
| Other comments: | | |

DINING AREA:**Please outline the meal times:**

| | From | To |
|------------------|-------|-------|
| Breakfast | 7.30 | 10.00 |
| Lunch | 12 | 14.00 |
| Dinner | 17.00 | 19.00 |

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

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

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

| | | |
|--|---|-----------------------------|
| Is menu cycle on display? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Does menu cycle correspond with options available? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 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.) Beef Stragonif with rice and salad. Foot was very nice and the sauce with the beef wass hot and tasty. Rice was cooked well. Different types of slad was available including corn, lettus and beetroot. | | |
| Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Give details of this option: | Tofu & Chick Pea Provencal | |
| Were there ethnic dishes available? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Give details of this option: | Halal Lamb Korma | |
| Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| In your opinion, does the food on offer appear to provide a good variety? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Did inspection take place during Ramadan? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| If yes, please outline arrangements for provision of meals outside of normal mealtimes, (medical or other appointments, etc.): | | |
| 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: Dining room was busy during visit. | | |

Food Safety

| | |
|--|-----------------------------|
| Has the premises been inspected by an Environmental Health Officer? | Yes |
| Date of Visit? | April 2022, No Major Issues |
| | |

| | |
|---|---|
| Has a HACCP system been implemented? | Yes. |
| Who designed the HACCP system? | Aramark Ltd. |
| Who is responsible for reviewing the system? | Head Chef on a daily basis and Manager on a weekly basis. |
| How frequently is the system reviewed? | Weekly. |

HACCP records:

| |
|---|
| Pest Control: Rentokil – no activity noted 29/09/22 & 14/11/22 No activity noted. |
| Induction and Ongoing Staff Training: All Kitchen staff have received Aramark in house training. Chefs have also received HACCP training. Staff have also received manual handling |
| Time & Temperature Records: Food service temperatures, food delivery temperatures, dish washer temperature, defrost temperatures and refrigerator/freezer (AM/PM), cold room and milk temperatures are completed and are all maintained. |
| Hygiene Audits: Audits completed by EIQA. Also weekly hygiene audits completed by management. |
| List of Approved Suppliers: List of suppliers approved by Aramark where all HACCP documentation is assessed. Copy of supplier documentation in day book. |
| Cleaning Schedules: Detailed cleaning schedule is in place for daily and weekly cleaning of kitchen areas. |
| Procedures for accepting deliveries: Critical 12 point HACCP purchase & delivery plan in place and posted in kitchen. viewedHacc ok |
| General Comments: New fridges installed recently. |

HACCP and Kitchen Evaluation

General:

| | |
|---|------------|
| Is the kitchen commercial or domestic? | Commercial |
| What equipment is in place? Deep fryer, 4 ring gas top burners, commercial dishwasher, 2 commercial ovens, commercial mixer, commercial microwave, separate metal bench top preparation areas and ducted metal extractor fans, | |
| In what condition is the equipment? All equipment is clean and well maintained . | |
| Comments: | |

Structural Hygiene

Kitchen:

| | |
|--|---|
| Is the refuse area suitably located? | Yes, located outside kitchen area in a fenced area. |
| Is the area tidy? | Yes |
| Are all bins covered? | Yes |
| Are signs displayed at all entrances in relation to access to kitchen for non kitchen staff? | Yes staff only signage located on kitchen door. |
| Are white coats, shoe covers and hats available for non kitchen staff? | Yes provided at time of inspection. |
| Comment of the structural hygiene of the kitchen (i.e. floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc): Very clean kitchen | |
| Are suitable hand washing and drying facilities provided? | Yes, hand wash basin with anti-bacterial soap dispenser and disposable towels are provided. |
| General Comments: | |

Structural Hygiene cont

Dry Goods

| | |
|---|---|
| Suitably equipped? Shelving/containers etc | Large dry goods storage room is provided. |
| Condition and suitability of facilities: Excellent facility in place. Separate shelving for storage of baby food and formula from other food items. | |
| What evidence is there of stock rotation? | Date stamps are provided. |

Refrigerated Storage

| | |
|--|--|
| What type of refrigerated storage is provided? | 1 standing refrigerators, 1 cool room, 1 free standing freezer and 1 freezer room provided |
| Comment on the condition and suitability of the refrigerated storage: New refrigerated unit installed recently. Refrigerators are used to separately store prepared salads. Cool room used to separately store raw meat, dairy, fruit & vegetables. All items labelled and date stamped. | |
| Are thermostats provided and in working order? | Yes |
| Are food items date stamped? | Yes. |
| Are samples of dishes being kept? | Yes, labelled and date stamped. Kept for 5 days. |

Other

| | |
|--|---|
| Is there appropriate storage for cleaning agents and chemicals? | Appropriate cleaning storage unit provided. |
|--|---|

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> |
| Yes, correct colour coded equipment is in place such as knives and chopping boards. |

| |
|--|
| Is the necessary holding equipment provided? e.g. <i>bainmaries, refrigerated units</i> |
| Yes, necessary heated bainmaries and refrigerator units are in place. |

| |
|---|
| Condition and suitability of serving equipment and utensils: |
| All serving equipment and utensils are clean and well maintained. |

| |
|---|
| What procedures are in place for unused/unserved food at the end of service? |
| All unserved food is disposed of at end of service. |

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

Staff Facilities and Hygiene

| | |
|--|---|
| Are designated staff facilities provided? | Yes |
| What facilities are in place? | Male & Female locker rooms with toilet & shower facilities. |

| | |
|--|--|
| Are all areas clean and well maintained? | Yes |
| Are suitable hand washing & drying facilities provided? | Yes, two hand wash basins are provided in each locker room facility. |
| Is storage provided for personal belongings? | Yes, locked and hanging space is provided. |
| Are showers provided? <i>indicate cleanliness & suitability</i> | Yes, one shower in each locker room is provided. All suitable and clean. |

| | |
|--|---|
| 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> | No, staff use dining room on designated breaks. |
|--|---|

| | |
|-----------------------------------|--|
| Are uniforms provided for: | |
| Kitchen Staff? | Yes, uniforms incorporating hats, shirt, trousers and aprons are provided. |
| Serving Staff? | Yes, uniforms incorporating hats, shirt, trousers and aprons are provided. |

| | |
|--|--|
| Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i> | Yes, all clean and well maintained. All kitchen staff wore appropriate footwear. |
| Is personal grooming satisfactory? | Yes |
| Are safe habits practiced? | Yes, disposable gloves are worn whilst serving food. |
| General Comments on staff facilities: Locker rooms are clean and well maintained. | |

Nutrition

| | |
|--|-----|
| Is a vegetarian option provided at each meal? | Yes |
|--|-----|

| | |
|--|---|
| Are ethnic dishes provided? | Yes, halal meat and ethnic dishes are prepared for residents. |
| Are residents consulted regarding menus / dietary requests? | Yes. |

| | |
|--|--|
| Is the food provided varied and nutritious? | Yes very varied with plenty of good healthy options. |
|--|--|

| | |
|--|--|
| Are child appropriate dishes served at each meal? | Yes. |
| Are the options provided suitable and nutritious? | Options are very nutritious and suitable for children. |
| What is provided in the packed lunches for school children? Are they suitable and nutritious in nature? | Yes as per guidelines, sandwich and juice |

| | |
|---|--|
| Are fresh infant foods available at each meal? (details) | Yes, pureed food can be provided. |
| Are IPAS/IPPS notices/posters promoting breastfeeding on display? (state location) | Yes dining room. |
| Is infant formula kept out of public view? | Yes, kept in dry goods storage area. |
| What arrangements are in place for distribution of formula? | Distribution register in place. Formula is issued weekly to mothers. |

| | |
|---|------|
| Are staff aware of the Department of Health & Children's guidelines for preschool and primary children? (available on their website) | Yes |
| Are staff aware of the IPAS/IPPS Infant Feeding Guidelines? | Yes. |

Arrangements for refreshments/meals outside normal meal times

| | |
|--|--|
| Are tea/coffee/snacks/drinking water etc available outside normal mealtimes? | Milk, tea and sugar, water boiler, microwave and refrigerator available for residents to prepare own snacks. |
| Provide details of location and accessibility of the above facilities: Each residential block has two kitchenettes provided which are open on a 24hr basis. Residents own food can be stored in refrigerators. | |
| What arrangements are there for residents who arrive late for meal times? | No meals are kept unless prior notification is provided. |
| What arrangements are there for new arrivals to centre? | Once prior notification is provided meals are kept. |
| Are packed lunches provided for residents travelling to Dublin on official business? | Can provide packed lunch |
| Comments: 5 station kitchen provided for residents for their own cooking when required. Used by some residents within the facility. | |

Special Facilities for Babies

| | |
|--|--|
| Are the following facilities available for babies: | |
| Access to drinking water (for preparation of infant formula): | Yes |
| Sterilisers | Provided by CWO |
| Kettles | Boilers in kitchenettes |
| Fridge (for infant formula bottles) | Fridge in kitchenettes |
| Microwave/bottle warmer | Microwave in kitchenettes |
| Are these facilities available on a 24 hour basis? | Yes |
| Is the room/facility maintained in a clean condition? | Housekeeping maintain kitchenettes in a clean condition. |
| Are healthy/nutritious snacks available 24 hours for breastfeeding mothers? (<i>details</i>) | No, residents store own foods. |
| Are there any other facilities provided? No. | |

Comments:

23 PUBLIC TOILET (State Location): Main building

| | Number | Soap | Toilet Paper | Hand Towels / Dryers | Hot Water | Sanitary Bins |
|--|--------|-------------------------------------|-------------------------------------|-------------------------------------|---|--|
| Unisex: | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ladies: | 4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gents: | 4 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Is there a cleaning schedule displayed? | | | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Record the last time entry. | | | | | 21/09/22 | |
| 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): main building**Storage area:**

Is the walkway through the area clear?

Yes ☒ No ☐

Are the exit signs clearly marked?

Yes ☒ No ☐**General Seating Area**

Is the seating in good condition?

Yes ☒ No ☐

What is the area generally used for?

Yes ☒ No ☐**Computer room:**

Is the area generally clean?

Yes ☒ No ☐Visual Check: Have you noticed any issues requiring attention? Yes ☐ No ☒

If yes please detail:

Any other comments? If yes please detail:

OUTDOOR GROUNDS / FACILITIES

Please rate the following:

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

LAUNDRY ROOM

| | Washing Machines | Dryers |
|---|-------------------------|---------------|
| Number | 10 | 10 |
| Do they appear to be in working order? yes | | |
| Comments: | | |

CORRIDOR (State Location): All areas

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

STAIRWAY (State Location): all stairways

| | | |
|--|---|-----------------------------|
| Is the area generally clean? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| If no please give details: I | | |
| <i>Visual Check:</i> Have you noticed any issues requiring attention? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (e.g., fire exit signs, hazards, lighting, notices, décor, etc.) | | |
| If yes please detail: Buggies placed in stairwells however they are well managed and did not pose a fire hazard. | | |

KITCHENETTES

| | | |
|--|---|-----------------------------|
| 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? NO | | |
| If yes please detail: | | |

Bedrooms:

CLEANING (General Arrangements)

| | |
|--|--|
| How often are bedrooms inspected? | twice weekly <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> |
| Who cleans the bedrooms? | Staff <input type="checkbox"/> Residents <input type="checkbox"/> |
| How often do staff clean the bedrooms? | Weekly <input checked="" type="checkbox"/> fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/> |
| Are there cleaning materials and equipment provided by management for residents? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| What cleaning equipment is available to residents? | brushes, mops, buckets etc |
| What arrangements are in place if rooms are not cleaned sufficiently by residents? | written notice to resident and staff assist if necessary |

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

BLOCK 1

| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 1&1A | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 5 | | 4 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> | | | | |
| If *, please give details: Room 1 Internal Door handle to be fixed. | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 2A&2B | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| vacant | | 4 | | 3 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Very Good | Adequate | Poor * | Needs urgent attention * |
| | | | | |

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

| | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 3A& 3B | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | 4 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Very Good | Adequate | Poor * | Needs urgent attention * |
| Cleanliness | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/> | | | | |
| If *, please give details: 3A cover placed over light and 3B tile in bathroom to be replaced. | | | | |

| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 4A, 4B, 4C | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 6 | | 5 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Very Good | Adequate | Poor * | Needs urgent attention * |
| Cleanliness | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

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

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

| | | | | |
|---|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 6A | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Leak in window | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 6B | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No* <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 7 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 1 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|-------------------------------------|
| ROOM NUMBER 8A | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Single | | 2 | | 0 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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

| | | | | |
|---|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 9A | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Unoccupied | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Candle burning and nobody in the room. Cover placed over the lights and cooking equipment in the room. | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 9B | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|-------------------------------------|
| ROOM NUMBER 10A 10B 12A 12B | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 6 | | 6 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|---|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 11A | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: No hot water in bathroom | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 11B | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |
| ROOM NUMBER 13A&B | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | 3 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 14A&B | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | 3 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Very Good | Adequate | Poor * | Needs urgent attention * |
| Cleanliness | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

BLOCK 2

| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 1A | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| family | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> | | | | |
| If *, please give details: Bathroom ceiling tiles, some to be replaced. | | | | |

| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 1B | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| family | | 3 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 2A&2B&2C | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 6 | | 5 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/> | | | | |
| If *, please give details: One door was being blocked by a wardrobe. Manager informed resident to ensure access to the door is available in the event of an emergency. | | | | |

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

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 4A&4B&4C | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 6 | | 5 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 5A&5B | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | 3 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 6A&6B | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 4 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 7 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| shared | | 2 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No* <input type="checkbox"/> |

If *, please give details:

ROOM NUMBER 8A&8B

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

ROOM NUMBER 9A

| | | | | | |
|---|-------------------------------------|-------------------------------------|---|-------------------------------------|--|
| Room Profile: | | Room Capacity: | | Room Occupancy: | |
| Family | | 2 | | 2 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * | |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> | |
| If *, please give details: Christmas lights left on in the room and nobody there. | | | | | |

ROOM NUMBER 9B

| | | | | | |
|---|-------------------------------------|-------------------------------------|---|-------------------------------------|--|
| Room Profile: | | Room Capacity: | | Room Occupancy: | |
| Family | | 2 | | 2 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * | |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> | |
| If *, please give details: Hot plate and cooking in the room. | | | | | |

ROOM NUMBER 10A&10B 12A&12B

| | | | | | |
|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|--|
| Room Profile: | | Room Capacity: | | Room Occupancy: | |
| Family | | 8 | | 5 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | Very Good | Adequate | Poor * | Needs urgent attention * | |

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

| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 11A | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 11B | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 13A&B | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | 3 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 13C | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|---|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 14A | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Candles on a plate in the room. Some used. | | | | |

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

BLOCK 3

| | | | | |
|--|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER B1 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Cluttered and cooking in room | | | | |

| | | | | |
|--|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER C1&C2 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | 3 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Cooking in Room | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER D1 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No* <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER D2 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Single | | 2 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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

| | | | | |
|---|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER F1 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Store room | | 3 | | 0 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Mould in ceiling | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER G1 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 5(1) | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No* <input type="checkbox"/> |

If *, please give details:

ROOM NUMBER 5(2)

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

ROOM NUMBER 6(1)

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

ROOM NUMBER 6(2)

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

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 7(1&2) | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | 3 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 9(1&2) | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 4 | | 3 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 10(1) | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 10(2) | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Family | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

BLOCK 4

| | | | | |
|---|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER C1 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Smoke alarm covered. | | | | |

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

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

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

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

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 6 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 7 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|---|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 15 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Remove blue paper in light | | | | |

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 8 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input 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? No | | | | |
| If *, please give details: | | | | |

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

| | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 10 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/> | | | | |
| If *, please give details: Smoke detector covered and cooking equipment in room. | | | | |

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|---|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 11 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/> | | | | |
| If *, please give details: | | | | |

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

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|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 13 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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

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|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 16 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER S1 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Single | | 1 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER S2 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Single | | 1 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER S3 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Single | | 1 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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|--|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER S4 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Single | | 1 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Toilet and Shower rooms require covers for lights | | | | |

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER S5 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Single | | 1 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|---|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER S6 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Single | | 1 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Toilet and shower rooms to be cleaned | | | | |

BLOCK 5

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

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

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

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|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 4 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | yes | |
| If *, please give details: Water ingress close to window | | | | |

| | | | | |
|--|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 5 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Replace bulb and heater not working | | | | |

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|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 6 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 7 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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

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

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|--|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 10 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Tidy one side of the room, very untidy. | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 11 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| SINGLE | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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

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|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 13 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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

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|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 15 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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|-------------------------------------|-------------------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 16 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER S1 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Single | | 1 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|--|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER S2 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Single | | 1 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Shower beside S2 repair fan and mould on walls | | | | |

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER S3 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Single | | 1 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER S5 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Single | | 1 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER S6 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Single | | 1 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

BLOCK 6

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

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

| | | | | |
|--|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 3 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | |
| If *, please give details: Heater not working | | | | |

| | | | | |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ROOM NUMBER 4 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Single | | 2 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | No | |
| If *, please give details: Heater not heating fully | | | | |

| | | | | |
|--|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 5 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | X | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Ceiling leaking into the room, humidifier in room and resident refuses to leave room. Manager has requested resident to move. | | | | |

| | | | | |
|-------------------------------------|-------------------------------------|--------------------------|---|-------------------------------------|
| ROOM NUMBER 6 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | X | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No* <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 7 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Single | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 15 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No* <input type="checkbox"/> |

If *, please give details: Heater not working

ROOM NUMBER 8

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

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

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

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 11 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

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

| | | | | |
|--|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 13 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Alarm Covered and Cooking equipment in room | | | | |

| | | | | |
|--|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 14 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Alarm Covered and Cooking equipment in room | | | | |

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 15 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No* <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 16 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No* <input type="checkbox"/> |

If *, please give details:

ROOM NUMBER S1

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

ROOM NUMBER S2

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

ROOM NUMBER S3

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

ROOM NUMBER S4

| | | | | | |
|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| Room Profile: | | Room Capacity: | | Room Occupancy: | |
| Shared | | 1 | | 1 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * | |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

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

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER S5 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Single | | 1 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER S6 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 1 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | X | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

BLOCK 7

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

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

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

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

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

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 6 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 7 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER 15 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 2 | | 2 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |

If *, please give details: Grill in room

ROOM NUMBER 8

| | | | | | |
|---|--------------------------|-------------------------------------|---|-------------------------------------|--|
| Room Profile: | | Room Capacity: | | Room Occupancy: | |
| Shared | | 2 | | 2 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * | |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> | |
| If *, please give details: Heater not working | | | | | |

ROOM NUMBER 9

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

ROOM NUMBER 10

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

ROOM NUMBER 11

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

If *, please give details: Smoking & Cooking in the room

ROOM NUMBER 12

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

ROOM NUMBER 13

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

ROOM NUMBER 14

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

ROOM NUMBER 16

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

If *, please give details:

ROOM NUMBER S1

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

ROOM NUMBER S2

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

ROOM NUMBER S3

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

ROOM NUMBER S4

| | | | | | |
|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| Room Profile: | | Room Capacity: | | Room Occupancy: | |
| Shared | | 1 | | 1 | |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * | |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | |
|--|---|-------------------------------|
| Is everything in working order? | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Bathroom light & fan not working, Mould in ceiling of bathroom. Hole in plasterboard above bed in the room. | | |

| | | | | |
|-------------------------------------|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER S5 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 1 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: | | | | |

| | | | | |
|---|--------------------------|-------------------------------------|---|-------------------------------------|
| ROOM NUMBER S6 | | | | |
| Room Profile: | | Room Capacity: | | Room Occupancy: |
| Shared | | 1 | | 1 |
| TV | Ensuite | Shared Bathroom | Smoke Alarm | Fire Notice |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Cleanliness | Very Good | Adequate | Poor * | Needs urgent attention * |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is everything in working order? | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| If *, please give details: Mould under radiator in the wall. | | | | |

BLOCK 4 Ground Floor Showers & Toilet

| | Number | Soap | Toilet Paper | Hand Towels / Dryers | Hot Water | Sanitary Bins |
|--|------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|--|
| | 6 TOILETS / 6 SHOWERS | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is there a cleaning schedule displayed? Record the last time entry. | | | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Is the area clean? (provide comment) yes | | | | | | |
| Are all facilities working? | | | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| <i>Visual Check:</i> Have you noticed any issues requiring attention? | | | | | no | |
| If No, give details: | | | | | | |

BLOCK 4 1ST FLOOR SHOWER & TOILETS

| | Number | Soap | Toilet Paper | Hand Towels / Dryers | Hot Water | Sanitary Bins |
|--|------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|--|
| : | 4 toilets / 4 showers | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a cleaning schedule displayed? Record the last time entry. | | | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Is the area clean? (provide comment) yes | | | | | | |
| Are all facilities working? | | | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| <i>Visual Check:</i> Have you noticed any issues requiring attention? | | | | | Yes* <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If No, give details: | | | | | | |

BLOCK 5 GROUND FLOOR TOILETS & SHOWER

| | Number | Soap | Toilet Paper | Hand Towels / Dryers | Hot Water | Sanitary Bins |
|--|------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|--|
| : | 6 toilets / 6 showers | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is there a cleaning schedule displayed? Record the last time entry. | | | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Is the area clean? (provide comment) yes | | | | | | |
| Are all facilities working? | | | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| <i>Visual Check:</i> Have you noticed any issues requiring attention? | | | | | Yes* <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If No, give details: | | | | | | |

BLOCK 5 1ST FLOOR TOILET & SHOWERS

| | Number | Soap | Toilet Paper | Hand Towels / Dryers | Hot Water | Sanitary Bins |
|---|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|--|
| | 4 toilets 4 showers | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is there a cleaning schedule displayed? | | | | | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Record the last time entry. | | | | | | |
| Is the area clean? (provide comment) yes | | | | | | |
| Are all facilities working? | | | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| <i>Visual Check:</i> Have you noticed any issues requiring attention? | | | | | Yes* <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If No, give details: | | | | | | |

BLOCK 6 GROUND TOILET & SHOWERS

| | Number | Soap | Toilet Paper | Hand Towels / Dryers | Hot Water | Sanitary Bins |
|---|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|--|
| : | 6 toilets 6 showers | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is there a cleaning schedule displayed? | | | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Record the last time entry. | | | | | | |
| Is the area clean? (provide comment) yes | | | | | | |
| Are all facilities working? | | | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| <i>Visual Check:</i> Have you noticed any issues requiring attention? | | | | | No | |
| If No, give details: | | | | | | |

BLOCK 6 1ST FLOOR TOILET & SHOWER

| | Number | Soap | Toilet Paper | Hand Towels / Dryers | Hot Water | Sanitary Bins |
|---|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|--|
| | 4 toilets 4 showers | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is there a cleaning schedule displayed? | | | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Record the last time entry. | | | | | | |
| Is the area clean? (provide comment) yes | | | | | | |
| Are all facilities working? | | | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| <i>Visual Check:</i> Have you noticed any issues requiring attention? | | | | | Yes* <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If No, give details: | | | | | | |

BLOCK 7 GROUND FLOOR TOILET & SHOWER

| | Number | Soap | Toilet Paper | Hand Towels / Dryers | Hot Water | Sanitary Bins |
|--|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|--|
| | 6 toilets 6 showers | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is there a cleaning schedule displayed? Record the last time entry. | | | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Is the area clean? (provide comment) | | | | | | |
| Are all facilities working? | | | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| <i>Visual Check:</i> Have you noticed any issues requiring attention? | | | | | Yes* <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If No, give details: | | | | | | |

BLOCK 7 1ST FLOOR TOILET & SHOWER

| | Number | Soap | Toilet Paper | Hand Towels / Dryers | Hot Water | Sanitary Bins |
|--|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|--|
| | 4 showers 4 toilets | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is there a cleaning schedule displayed? Record the last time entry. | | | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Is the area clean? (provide comment) yes | | | | | | |
| Are all facilities working? | | | | | Yes <input checked="" type="checkbox"/> | No * <input type="checkbox"/> |
| <i>Visual Check:</i> Have you noticed any issues requiring attention? | | | | | Yes* <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If No, give details: Fan not working | | | | | | |

General Representations

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

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

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: | KINSALE ROAD |
| Address: | KINSALE ROAD CO.CORK |
| Contractor : | ARAMARK |
| Manager: | Breda Keane |
| Contact Name: | Breda Keane |
| Capacity Per MOA (Current Occupancy): | 301 (283) |
| Date of Inspection: | 06/12/22 |

Fire Safety:

Fire items coloured in red below related to their block number for ease of reference. It was also noted that during the fire drill it was identified that there was interference with an alarm which has been passed onto IPAS.

Food Safety:

New kitchen added for own cooking with 5 stations available. This was in use on day of audit.

Bedrooms:

Block 1

Room 1 Internal Door Handle to be repaired.

Room 3A cover placed over light

Room 3B tile in bathroom to be replaced.

Room 5 Leak outside bathroom from above

Room 6A Leak in window

Room 9 Candle burning and nobody in the room. Cover placed over the lights and cooking equipment in the room.

Room 11 No hot water in bathroom.

Block 2

Room 1 Bathroom ceiling tiles, some to be replaced

Room 2 One door was being blocked by a wardrobe. Manager informed resident to ensure access to the door is available in the event of an emergency.

Room 9A Christmas lights left on in the room and nobody there.

Room 9B Hot plate and cooking in the room.

Room 14A Candles on a plate in the room.

Block 3

Room C Cooking in the room.

Room F Mould in ceiling in room.

Room 6 Seriously cluttered room with a small child sleeping at furthest point from the door. This room with small children is a serious fire hazard.

Block 4

Room 1 Fire alarm covered.

Room 15 Remove blue paper in light

Room 9 Christmas lights on the ceiling

Room 10 Smoke detector covered and cooking equipment in room.

Room S4 Bathroom requires cover for lights

Room S6 Bathroom adjoining S4 Toilet and shower rooms to be cleaned

Block 5

Room 4 Water ingress close to window

Room 5 Replace bulb and heater not working

Room 10 Tidy one side of the room, very untidy.

Room S2 Shower beside S2 repair fan and mould on walls

Block 6

Room 2 Leak in ceiling and heater off wall.

Room 3 Heater not working

Room 15 Heater not working

Room 5 Ceiling leaking into the room, humidifier in room and one resident refuses to leave room. Manager has requested resident to move.

Room 8 Smoke alarm covered and ashtray in room.

Room 13 Alarm Covered and Cooking equipment in room

Room 14 Alarm Covered and Cooking equipment in room

Block 7

Room 8 Heater not working

Room 9 Cover placed over light.

Room 10 Room requires a clean

Room 11 Smoking & Cooking in the room

Room 14 Cooking equipment in the room

Room S4 Bathroom light & fan not working, Mould in ceiling of bathroom. Hole in the plasterboard above bed in the room.

Room S6 Mould under radiator in the wall.

Shower room 1st floor, fan not working in shower room.

| Room | Issue | Corrective Action Required | Date Completed |
|----------------------|---|---|----------------------|
| Block 1 Room 1 | Internal door handle not working | Repair/ replace door handle | 06/01/2023 |
| Block 1 Room 3 A | Cover over light/ Bathroom ceiling tile stained | Remove light cover/replace stained ceiling tile | 09/12/2022 |
| Block 1 Room 5A | Leak outside Bathroom door from above | Repair leak/ repaint ceiling area | 09/12/2022 |
| Block 1 Room 6A | Leak at window | Repair leak/reported to OPW | 09/12/2022 |
| Block 1 Room 9A | Candle burning/ cooking equipment in room/Cover over the lights | Manager spoke to the resident regarding Fire Safety Issues and re-checks of room showed no repeat of issues. | 06/12/2022 |
| Block 1 Room 11A | No hot water in bathroom | Plumber checked and hot water available in all taps | 06/12/2022 |
| Block 2 Room 1A | Stains on bathroom ceiling tiles | Replace ceiling Tiles | 09/12/2022 |
| Block 2 Room 2 A,B,C | Wardrobe blocking one of the doors | Manager spoke to the resident regarding the importance of keeping all doors clear from obstruction for Fire Safety. Re-checks of room showed no repeat of issues. | 06/12/2022 |
| Block 2 Room 9A | Christmas Tree Lights on in the room | | |
| Block 2 Room 9B | Hot Plate and Evidence of Cooking in the room | Manager Spoke to the resident regarding Fire Safety and House Rules of No Cooking in the Room | 06/12/2002 |
| Block 2 Room 14A | Candles on plate in the room, some used | Manager spoke to the resident about Fire Safety and re-checks of the room showed no further issues | 06/12/2022 |
| Block 3 Room B1 | Room was cluttered and evidence of cooking in the room | Manager Spoke to the resident regarding Fire Safety and House Rules of No Cooking in the Room | 07/12/2022 |
| Block 3 C1 and C2 | Evidence of Cooking in the room | Manager spoke to the resident about Fire Safety, resident denies cooking in the room said the equipment is for use in the resident kitchen. | 07/12/2022 |
| Block 3 room F1 | Mould on Bathroom Ceiling | Ceiling tiles replaced | 09/12/2022 |
| Block 3 Room 6 | Room very Cluttered/concern re fire safety in event of | Manager spoke to resident and support offered to resident regarding de-cluttering the room and storage in onsite storage container. | 07/12/22 and ongoing |
| Block 4 Room 1 | Smoke alarm covered | Removed cover and addressed the issue with the resident. | 06/12/2022 |
| Block 4 Room 15 | Blue paper inside light shade | removed paper/requested an opaque light fitting for the room | 06/12/2022 |
| Block 4 Room 9 | Christmas Lights on in the ceiling | | |

| | | | |
|-----------------------|--|---|------------|
| Block 4 Room 10 | Smoke Detector Covered and cooking equipment in the room | Manager Spoke to the resident regarding Fire Safety and House Rules of No Cooking in the Room | 06/12/2022 |
| Block 4 Single Room 4 | Toilet and Shower rooms Light covers removed | Covers replaced | 09/12/2022 |
| Block 4 Single Room 6 | Toilet and Shower rooms need further cleaning | Deep Clean Completed | 09/12/2022 |
| Block 5 Room 4 | Water Egress by window | Reported to OPW | 16/12/2022 |
| Block 5 Room 5 | Replace bulb and heater not working | Bulb replaced/ Heater Repaired | 09/12/2022 |
| Block 5 Room 10 | One side of room very untidy | Spoke to resident regarding keeping room tidy | 07/12/2022 |
| Block 6 Room 2 | Water leak at ceiling level and heater off wall | Heater replaced/ OPW completed works to repair roof | 16/12/2022 |
| Block 6 Room 5 | Ceiling leaking, waiting on roof repairs/ resident has been offered alternative room and refuses to move/dehumidifier in room. | OPW have completed repairs to roof/ Room has been repaired and repainted | 16/12/2022 |
| Block 6 Room 8 | Smoke Alarm Covered and ashtray in the room | Manager spoke to resident - House Rules no smoking in the room. | 07/12/2022 |
| Block 6 Room 13 | Smoke Alarm Covered and Cooking Equipment in Room | Manager spoke to the resident about Fire Safety, resident denies cooking in the room said the equipment is for use in the resident kitchen. | 07/12/2022 |
| Block 6 Room 14 | Smoke Alarm Covered and Cooking Equipment in Room | Manager Spoke to the resident regarding Fire Safety and House Rules of No Cooking in the Room | 07/12/2022 |
| Block 7 Room 15 | Grill in room | Manager Spoke to the resident regarding Fire Safety and House Rules of No Cooking in the Room | |
| Block 7 Room 8 | Heater not working | Heater checked by maintenance-working | 07/12/2022 |
| Block 7 Room 9 | Cover placed over lights | Cover removed | 07/12/2022 |
| Block 7 Room 10 | Room needs to be cleaned | Residents were offered assistance to clean the room | 07/12/2022 |
| Block 7 Room 11 | Evidence of Smoking and Cooking in the room | Manager Spoke to the resident regarding Fire Safety and House Rules of No Cooking or Smoking in the Room | 07/12/2022 |
| Block 7 Room 14 | Cooking equipment in the room | Manager spoke to the resident about Fire Safety, resident denies cooking in the room said the equipment is for use in the resident kitchen. | 07/12/2022 |

| | | | |
|-----------------------|--|---|------------|
| Block 7 Single room 4 | Bathroom light and fan not working. Mould in ceiling of bathroom. Hole in plasterboard over bed in room. | OPW repaired wall/ OPW repaired electrical issue re fan and light/ Ceiling and wall repainted after repairs | 16/12/2022 |
|-----------------------|--|---|------------|