RIA

Independent Inspection Report

| Centre: | Clondalkin Towers |
|------------------------------|------------------------------|
| Inspector: | Shane Mac Loughlin 7/3/19 |
| Date of Inspection: | 7/3/19 |
| Time of Arrival & Departure: | 12-4pm |

Part 1 General Information on Services

Independent Inspection Report

Centre: Clondalkin Towers

Date of Inspection: 7/3/19

| 1 | CF | NT | 'RE | DF | ΤΔΙ | ١S |
|-----|----|----|-----------|----|-----|----|
| J., | | | 11 16 16- | | 1/3 | |

| 1. CENTRE DETAILS | | |
|---|---------------------------------------|--|
| Name and address of Centre | Clondalkin Towers, Clondalkin, Dublin | |
| Contractor | Sean Lyons | |
| Manager | Mark Catoire | |
| Who deputises for manager in his/her | Give Job Title only | |
| absence? | Assistant Manager | |
| absence: | 113334111 | |
| Telephone Number | 01 4575040 | |
| Current Contracted Capacity | 250 | |
| Current Occupancy (today) | 245 | |
| Current Centre Profile (e.g., singles, families etc.) | Families | |
| HSE Area | Dublin West | |
| Public Health Nurse | Bernie Plunkett | |
| DSP / CWO name | Frank Kelly | |
| Environmental Health Officer name | Ciara Reilly | |
| Local Fire Officer Name | David Foran | |
| Local Fire Station | Tallaght | |
| | | |
| Is the Centre certified by any Quality Manage (i.e. Q Mark, ISO)?: | ment System Yes No | |
| If yes, please give details: | | |
| What was the date of the last certification | n? | |
| Have you a copy of the Certification | Yes No | |
| 2. Please provide a copy of the follow | ıing | |
| i i i i i i i i i i i i i i i i i i i | Check List | |
| Official Register | | |
| Menu Cycle | | |
| Staffing Lists as follows: | | |
| Full list of staff employed at the centre (ir Roles, etc.,) | ndicating Names, Titles, | |
| Indicate who is on duty at time of inspect | ion (today) | |
| 3. a separate list of Designated Liaison Persons (child protection) | | |

3 GENERAL SECURITY & EMERGENCY DETAILS

| Is 24 hour supervision provided? | (Y/N) | Yes No |
|---|---------|--|
| Give details of roster hours | | Night Porter 8pm-8am, Manager 8am- |
| | | 6pm , Day porter 8am-8pm |
| Is security provided by external company? | (Y/N) | Yes No |
| If yes, give name of company: | | |
| Does the centre have CCTV? | (Y/N) | Yes No |
| Is a list of emergency numbers available in t | :he | Yes No |
| Manager's office? | | |
| Does the list include the following numbers | ? (Y/N) | Yes No |
| Local Garda station 24 hr number | | |
| Local hospital | | |
| Local fire station | | If no, give details: |
| Duty Social Work Team | | |
| Out of hours GP Service | | |
| RIA out of hours number | | |
| | | |
| Are first aid kits available? | (Y/N) | Yes No 🗌 |
| Where and how many? | | |
| Who is responsible for first aid restocking? | | Job title only (not name) of person responsible: |
| | | Manager and Chef |
| Is there a defibrillator in the centre? | | Yes 🗌 No 🔀 |
| How many staff been trained to use it? | } | |
| | | |
| | | |
| 4 HEATING ARRANGEMENTS | | |
| What type of heating is used in the centre? | | Gas |
| Do residents have control of the heating in their | own | Yes 🛛 No 🗌 |
| bedroom? | | - Artistan |
| If no, what arrangements are in place? | | |
| What are the heating 'ON' times? | | As needed |
| | | |
| | | |
| 5 HOUSE RULES | | 57 |
| Are residents provided with a copy of the House | | Yes 🔀 No 📙 |

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

How does centre management explain house rules on arrival given induction

to residents on arrival?

| Are residents issued with key for their bedroom?(Yes/No | Yes No |
|---|------------------------------------|
| Are residents issued with key for main door? (Yes/No | Yes No |
| If no, give details | Front desk is staffed |
| Are there procedures to allow residents to receive | Sign in at reception and access to |
| visitors? (Give details) | communal room |
| Outline visiting times: | 10am-10pm |

| In what areas are visitors allowed in the centre? | Communal room only and meeting rooms |
|--|---|
| Any other relevant information: | |
| Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk) | yes - at side of building stores used for bicycles, buggies etc. |
| What toiletries are provided to residents on arrival? | toothpaste, shampoo, soap, toilet paper |
| What arrangements are in place to replenish these items? | weekly supplies |
| 7 ARRANGEMENTS FOR MAINTENANCE | |
| Does the centre have a written procedure in place | Yes No |
| for residents to report maintenance issues? (Yes/No) | .55 🖂 140 🗀 |
| Is there a maintenance day book? (Yes/No) | Yes No |
| Describe the maintenance procedure at the centre: | |
| Duty manager completes log and and notifies Sean L | .yons |
| | |
| Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details) | yes |
| Are measures in place to inform staff and visitors of RIA's Child Protection Policy? | yes |
| Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details) Are visitors asked to sign a declaration agreeing to | |
| Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details) Are visitors asked to sign a declaration agreeing to adhere to the child protection policy? Where is declaration held? Is there a sign in book for visitors? Where? | yes reception yes-reception |
| Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details) Are visitors asked to sign a declaration agreeing to adhere to the child protection policy? Where is declaration held? | yes |
| Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details) Are visitors asked to sign a declaration agreeing to adhere to the child protection policy? Where is declaration held? Is there a sign in book for visitors? Where? Are there notices on public display giving name and | yes reception yes-reception |
| Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details) Are visitors asked to sign a declaration agreeing to adhere to the child protection policy? Where is declaration held? Is there a sign in book for visitors? Where? Are there notices on public display giving name and contact details of Designated Liaison Person? Where? | yes reception yes-reception yes - reception |
| Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details) Are visitors asked to sign a declaration agreeing to adhere to the child protection policy? Where is declaration held? Is there a sign in book for visitors? Where? Are there notices on public display giving name and contact details of Designated Liaison Person? Where? Have Designated Liaison Persons received HSE training? Are notices prominently displayed regarding parental supervision of children? Where? | yes reception yes-reception yes - reception yes |
| Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details) Are visitors asked to sign a declaration agreeing to adhere to the child protection policy? Where is declaration held? Is there a sign in book for visitors? Where? Are there notices on public display giving name and contact details of Designated Liaison Person? Where? Have Designated Liaison Persons received HSE training? Are notices prominently displayed regarding parental supervision of children? Where? | yes reception yes-reception yes - reception yes yes yes reception and dining room |
| Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details) Are visitors asked to sign a declaration agreeing to adhere to the child protection policy? Where is declaration held? Is there a sign in book for visitors? Where? Are there notices on public display giving name and contact details of Designated Liaison Person? Where? Have Designated Liaison Persons received HSE training? Are notices prominently displayed regarding parental supervision of children? Where? | yes reception yes-reception yes - reception yes |

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

| | 2. 1 Olivious (Belleral arrangements) |
|---|---------------------------------------|
| Are residents consulted regarding menu / | Residents committee |
| dietary requests? (Give details.) | |
| Provide details opposite: | |
| Which of the following are provided for school | Since May provisions are left out in |
| children's packed lunches: | dining area and families prepare own |
| Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other? | lunches |
| Drinks? Juice? Water? | |
| Yogurt? | |
| • Fruit? | |
| Other | |
| Is infant formula kept out of public view? | yes |
| What arrangements are in place for distribution | distributed weekly |
| of infant formula? | |

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

| Are tea / coffee / drinking water / Snacks etc. | Yes No |
|--|---|
| available outside mealtimes? | |
| What food/snacks are available after hours or when | Tea, Coffee, Milk, Bread , Crackers, butter, Jam. |
| kitchen is closed? | |
| Where are the snacks located and how are they | Dining room - open access to residents |
| accessed? | |
| Are meals available for residents who arrive late? | Yes No 🗌 |
| (Give details.) | Chef keeps prepared meals and heated on |
| | residnt arrival. |
| Are meals available for new arrivals? | yes if outside main meal times meal is prepared |
| (Give details) | beforehand by kitchen staff. |
| Are packed lunches available for residents | Yes No |
| travelling to Dublin on official business? | Centre in Dublin |
| (Give details) | |
| If the inspection takes place during Ramadan this | n/a |
| section <u>must</u> be completed. | |
| What arrangements are in place to facilitate | |
| residents observing a fast during Ramadan? | |
| | |

12 FACILITIES FOR FEEDING BABIES

| Are the following available? | Yes/No |
|--|------------|
| Access to drinking water (for breastfeeding mothers / for preparation of infant formula) | Yes No |
| Sterilisers | Yes 🛛 No 🗌 |
| Kettles | Yes No |
| Fridge (for bottles of EBM* / formula) *Expressed Breast Milk | Yes No |
| Bottle Warmer | Yes No 🛛 |
| Microwave | Yes No |
| Are these facilities available 24 hours a day | Yes 🛛 No 🗌 |
| Is there a dedicated room provided? | Yes No |

| Where? | | | | | | |
|---|----------------------------|---|-------------------------|----------|-----------|-----|
| 13 INDOOR FACILITIES Are the following are available to reside | ents? | | Yes | /No | | |
| Computers with Internet access | | Yes | X | No | | |
| WIFI | | Yes | X | | 屵 | |
| | | | \Box | No | + | |
| DVD player | | Yes | - | No | \dashv | _ |
| Computer Games | | Yes | \square | No | 片 | |
| Snooker Table | | Yes | | No | \square | |
| Pool Table | | Yes | \square | No | 닏 | |
| Table Tennis Table | | Yes | X | No | 님 | |
| Board Games | | Yes | <u>X</u> | No | ᆜ | |
| Newspapers | | Yes | <u> </u> | No | ᆜ | |
| Books | | Yes | $\underline{\boxtimes}$ | No | <u>Ц</u> | |
| Toys / games for children | | Yes | \boxtimes | No | | _ |
| Other | | Table soccer | | | | |
| Give details of any other arrangement or oth comments: | ner | Large soft mat pla | ay are | ea for o | hild | ren |
| Is there a bus service provided? (Yes/No): | | Yes 🔀 N | o | | | |
| | | | | | | 1 |
| | City C | Centre | | | | _ |
| Where does the service go to? | - | Centre es daily | | | | _ |
| | - | Centre es daily | | | | |
| Where does the service go to? What is the frequency of the service? (List time table opposite) 5 TV SYSTEM Is there a specific TV system in place? | 3 tim | es daily Yes 🔀 No | _ | | | |
| Where does the service go to? What is the frequency of the service? (List time table opposite) 5 TV SYSTEM Is there a specific TV system in place? (give details) | 3 tim | es daily | _ | | | |
| Where does the service go to? What is the frequency of the service? (List time table opposite) 5 TV SYSTEM Is there a specific TV system in place? (give details) An average, how many TV channels are | 3 tim | es daily Yes 🔀 No | _ | | | |
| Where does the service go to? What is the frequency of the service? (List time table opposite) 5 TV SYSTEM Is there a specific TV system in place? (give details) An average, how many TV channels are provided to residents? | 3 tim | es daily Yes 🔀 No | _ | | | |
| Where does the service go to? What is the frequency of the service? (List time table opposite) | 3 tim | es daily Yes 🔀 No | _ | | | |
| Where does the service go to? What is the frequency of the service? (List time table opposite) 5 TV SYSTEM Is there a specific TV system in place? (give details) An average, how many TV channels are provided to residents? Are residents allowed to erect satellite dishes? 6 LAUNDRY FACILITIES (General Arra | Saory 14 no | Yes No | _ | | | |
| Where does the service go to? What is the frequency of the service? (List time table opposite) 5 TV SYSTEM Is there a specific TV system in place? (give details) An average, how many TV channels are provided to residents? Are residents allowed to erect satellite dishes? | Saory 14 no | Yes \(\sum \) No riew, sky and BT Spo | _ | | | |
| Where does the service go to? What is the frequency of the service? (List time table opposite) 5 TV SYSTEM Is there a specific TV system in place? (give details) An average, how many TV channels are provided to residents? Are residents allowed to erect satellite dishes? 6 LAUNDRY FACILITIES (General Arra Are Laundry facilities available in the centre? f No, what service is provided? | Saory 14 no | Yes Noview, sky and BT Sporents) Yes Noview No | _ | | | |
| Where does the service go to? What is the frequency of the service? (List time table opposite) 5 TV SYSTEM Is there a specific TV system in place? (give details) An average, how many TV channels are provided to residents? Are residents allowed to erect satellite dishes? 6 LAUNDRY FACILITIES (General Arra Are Laundry facilities available in the centre? If No, what service is provided? Who launders towels and bedlinen? | Saory 14 no | Yes No | _ | | | |
| Where does the service go to? What is the frequency of the service? (List time table opposite) 5 TV SYSTEM Is there a specific TV system in place? (give details) An average, how many TV channels are provided to residents? Are residents allowed to erect satellite dishes? 6 LAUNDRY FACILITIES (General Arra Are Laundry facilities available in the centre? If No, what service is provided? Who launders towels and bedlinen? (e.g., residents, staff, other, etc) | Saora 14 no (Y/N) | Yes Noview, sky and BT Sporters) Yes Noview, sky and BT Sporters Personal Residents | rts | | | |
| Where does the service go to? What is the frequency of the service? (List time table opposite) 5 TV SYSTEM Is there a specific TV system in place? (give details) An average, how many TV channels are provided to residents? Are residents allowed to erect satellite dishes? 6 LAUNDRY FACILITIES (General Arra Are Laundry facilities available in the centre? If No, what service is provided? Who launders towels and bedlinen? (e.g., residents, staff, other, etc) What procedures are in place for the exchange | Saora 14 no (Y/N) | Yes Noview, sky and BT Sporents) Yes Noview No | rts | | | |
| Where does the service go to? What is the frequency of the service? (List time table opposite) 5 TV SYSTEM Is there a specific TV system in place? (give details) An average, how many TV channels are provided to residents? Are residents allowed to erect satellite dishes? 6 LAUNDRY FACILITIES (General Arra Are Laundry facilities available in the centre? If No, what service is provided? Who launders towels and bedlinen? e.g., residents, staff, other, etc) What procedures are in place for the exchange owels and bed linen at the centre? | Saon 14 no (Y/N) | Yes No No Residents linen changed week | rts | | | |
| Where does the service go to? What is the frequency of the service? (List time table opposite) 5 TV SYSTEM Is there a specific TV system in place? (give details) An average, how many TV channels are provided to residents? Are residents allowed to erect satellite dishes? 6 LAUNDRY FACILITIES (General Arra Are Laundry facilities available in the centre? If No, what service is provided? Who launders towels and bedlinen? (e.g., residents, staff, other, etc) | Saon 14 no (Y/N) | Yes Noview, sky and BT Sporters) Yes Noview, sky and BT Sporters Personal Residents | rts | n | | |

| Are there specific arrangements for access to the | open 24hrs daily |
|---|------------------|
| laundry (give details): | |

17 CLEANING (General Arrangements)

| Are there cleaning materials and equipment provided by management for residents? | Yes No |
|--|------------------------------------|
| What cleaning equipment is available to residents? | Detergents, brushes, mops, vaccumn |
| What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment? | available froim reception |
| What arrangements are in place if rooms are not cleaned sufficiently by residents? | staff will assist |

PART 2

Room by Room Inspection

Independent Inspection

Centre: Clondalkin Towers

Date of Inspection: 7/3/19

Section A- Administration / Communal areas

17 Have you seen the following?

| | | Location of display |
|------------------------------|-------------|---------------------|
| Up to date House Rules | | Reception |
| Complaint Forms | | Reception |
| Accident/ Incident procedure | \boxtimes | Reception |

| HSE Breastfeeding Posters | | Reception | |
|--|-------------|-----------|--|
| (if applicable) | | | |
| Designated Liaison Person details | | Reception | |
| (Child Protection) | | | |
| Supervision of children notice | \boxtimes | Reception | |
| Gym Notices (Child Safety – if applicable) | | Reception | |
| IOM Voluntary Return Posters | | Reception | |

18 Staff Awareness

| Did you see the RIA Code of Practice*? | | |
|---|--|--|
| Are all staff aware of RIA Code & House Rules? | | |
| How are staff made aware of RIA Code & House Rules? | | |
| on hiring and annual refresher training | | |

^{*}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> | Inspected By (Company Name / Position) | <u>Comments</u> |
|-------------|--|-----------------|
| 6/3/19 | Porter | Ok |
| 5/3/19 | Porter | ok |
| 10/8/18 | Kevin Coleman | 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 |
|---------|--|----|--------|--------------------------------|-----------------|
| 11/2/19 | Sharp Group | | No | | |
| 5/3/19 | Porter | | No | | |
| 6/3/19 | Porter | | No | | |

19c FIRE FIGHTING EQUIPMENT INSPECTION SCHEDULE

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

| (| merato di me di maranti di marant | | | | | |
|------|--|----|--------|-----------------|----------|--|
| Date | Inspected By (Company | ОК | Defect | Remedial Action | Sign Off | |
| | Name / Position) | 1 | | Taken (Y/N) | Y/N | |

| 6/3/19 | Porter | | None | |
|--------|--------|-------------|------|--|
| 5/3/19 | Porter | \boxtimes | None | |

19d FIRE EXIT DOORS / MEANS OF ESCAPE INSPECTION SCHEDULE

| Date | Inspected By (Company Name / Position) | OK | Defect | Remedial Action Taken (Y/N) | Sign Off Y/N |
|--------|--|----|--------|------------------------------------|-----------------|
| 6/3/19 | Porter | | None | (1,11, | |
| 5/3/19 | Porter | | None | | |

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

| Date & Time | Numbers of staff involved in drill | No. of residents present / evacuated ** | Evacuation Time | Comments |
|-------------|------------------------------------|---|--------------------|------------------------------------|
| 16/1/9 | 9 | 62/61 | 10 mins | One resident issued warning letter |
| 10/10/18 | 12 | 120/120 | 11 mins | No issues |

^{**}Both numbers must be recorded.

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

| Job Description | Course | instructor | Duration | Date |
|-----------------|---------------|------------|----------|---------|
| Manager & | fire safety | Sharp | 3hrs | 3/6/11 |
| Porters | | | | |
| all staff | extimnguisher | Sharp | 90mins | 7/10/09 |
| <u> </u> | use | | | |

19g FIRE ASSEMBLY POINTS

| Where are the Fire Assembly Points | To the side of building | |
|------------------------------------|-------------------------|--|
| located? | | |
| 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 | yes |
| premises, inc bedrooms? | |
| Are all smoke alarms linked back to a | yes |
| central control panel? | |
| Are there designated 'Smoking' areas? | |
| Include locations | |
| Comments: All systems in working order | |
| | |

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 | yes |
| building? | |
| Are all fire doors kept closed? | yes |
| Are fire evacuation instructions clearly | yes |
| displayed in the centre? | |
| Are fire extinguishers clearly visible? | yes |
| Is there emergency lighting system in | yes |
| place? | |
| Comments: Sytems well managed | |
| | |

Administration Area:

| Reception: Main lobby | | |
|---|--|------------------------------|
| Is the area generally clean? | | Yes 🛛 No |
| If no please give details: | | |
| Visual Check: Have you noticed any issues r | equiring at | tention? Yes No |
| (e.g., fire exit signs, hazards, lighting, notices, de | écor, etc.) | |
| If yes please detail: | | |
| | • | |
| | | |
| lave you seen the following? | | |
| | | Location of display |
| Up to date House Rules | | Reception |
| Complaint Forms | | Reception |
| Accident/ Incident procedure | | Reception |
| | , - | |
| HSE Breastfeeding Posters | | Dining room |
| (if applicable) | | |
| Designated Liaison Person details | | Reception |
| (Child Protection) Supervision of children notice | | Reception |
| Gym Notices (Child Safety – if applicable) | | Reception |
| Sym Hotices (emia sarety in applicable) | _ | |
| IOM Voluntary Return Posters | | Reception |
| Anti Human-Trafficking Posters | | Reception |
| 'NO to Violence & Harassment' Posters | | Reception |
| | | |
| | | |
| ocial Room / Tea Station (State Location | <u>. </u> | |
| What facilities are provided? Tea, coffee, bro | заа, сгаске | rs, butter, jam and resident |
| s the area generally clean? | | Yes No |
| f no please give details: | | |
| Visual Check: Have you noticed any issues re | quiring atte | ention? Yes No |
| f yes please detail: | | |
| | | |
| re-school Room: | | |
| s the area generally clean? Yes / No | Yes | |
| f no please give details: | | |
| /isual Check: Have you noticed any issues red | quiring atte | ention? Yes No |
| observe whether the area is colourful, has sufficient toy | | |

| Other comments: | | | | | | | • | | | | | |
|--|---------|---------|------------|----------|---------------------|---------|----------|------------------|-------|-------------------------|----|---|
| DINING AREA: Please outline the mea | al tim | es: | | | | | | **** | | | | |
| | From | 1 | | | | То | | | | | | |
| Breakfast | 8am | | | | | 10ar | n | | | | | |
| Lunch | 12.30 |)pm | | | | 2pm | | | | | | |
| Dinner | 5pm | | | | | 6.30 | pm | | | | | |
| Which is the main meal Is menu cycle available? | | day: | | Lun | ch [| X | Din | ner [| | | | |
| If no, give details of all | menu | optio | ns on da | y of | insp | ectio | n: | | | | | |
| Breakfast | | | . 5: | - Cl : | | | | | | | | |
| Lunch Dinner | | Beet/s | tew, Rice | , Chi | ps , c | ліске | n Pie | | | | | |
| Dinner | | | | | | | | | | | | |
| Is menu cycle on display | | | | | | | Yes | \triangleright | | No | | |
| Does menu cycle correspond with options available? Yes No If no, ask manager for explanation and provide details: | | | | <u> </u> | | | | | | | | |
| ii no, ask manager for ex | xpiana | tion an | ia proviae | e det | alis: | | | | | | | |
| Which meal was sampled? Breakfast Lunch Din | | | Dinner | - [| | | | | | | | |
| Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) | | | | | | | | | | | | |
| Beef stew - tasted very | | | | | | | | | | | | |
| Was there a vegetarian of | • | | | | Yes Vegetable balls | | | | | | | |
| (note salad and vegetables <u>alone</u> are not | | | | | | | | | | | | |
| considered as vegetarian option) Give details of this option: | | | | | | | | | | | | |
| <u>'</u> | | hla? | | | Yes | | <u> </u> | No | | | | _ |
| Were there ethnic dishes available? Give details of this option: | | | | <u></u> | | | ken n | | | | | |
| Give details of this option: Was fresh foods available for Infants? Rice and spiced chicken pie Yes No | | | | | | | | | | | | |
| (as per HSE Infant Feeding Guidelines) | | | | | | | | | | | | |
| In your opinion, does the food on offer appear to Yes No | | | ٦ | | | | | | | | | |
| provide a good variety? | | | | | | | | | | | | |
| Did inspection take place during Ramadan? Yes No | | | | | | | | | | | | |
| If yes, please outline arra (medical or other appointm | _ | | r provisio | n of | mea | ls out: | side o | f nori | mal m | ealtime | s, | |
| Is there any damaged sea | ating o | r table | s in dinin | g roc | m? | | Yes | | No [| $\overline{\mathbb{X}}$ | | |
| Is there enough seating f | or resi | dents | oresent to | o sit (| dowr | and | Yes | \boxtimes | No [| | | |
| eat their lunch? | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | |

KITCHEN AREA: Food Safety Critical Requirements

FOOD SAFETY

| Has the premises been inspected by an | Not recently |
|---------------------------------------|--------------|
| Environmental Health Officer? | |
| Date of Visit? | 14/3/18 |
| Comments: | |
| | |

| Has a HACCP system been | Yes |
|--|----------------------------|
| implemented? | |
| Who designed the HACCP system? | Head Chef |
| Who is responsible for reviewing the system? | Head Chef and Duty Manager |
| How frequently is the system reviewed? | Monthly |

HACCP Records:

| Induction and Ongoing Staff Training: on file in reception |
|---|
| |
| Time & Temperature Records: all in order recorded for all mealtimes |
| Hygiene Audits: full log of audits |
| List of Approved Suppliers: as part of supplier controls |
| Cleaning Schedules: daily, weekly and monthly all up to date |
| Procedures for accepting deliveries: in place and records of temperatures and traceability maintained |
| General Comments: Kitchen is well run |

HACCP and Kitchen Evaluation

General:

| Is the kitchen commercial or domestic? | Commercial | | | |
|--|------------|--|--|--|
| What equipment is in place? Bain Marie in dining room, chest freezers x 3, stand | | | | |
| up fridges x 3, walk in fridge, cold storage pantry, combi oven, gas hobs, deep | | | | |
| fryers | | | | |
| In what condition is the equipment? Very well maintained | | | | |
| | | | | |
| | | | | |
| Comments: | | | | |
| | | | | |
| | | | | |

STRUCTURAL HYGIENE

Kitchen:

| Is the refuse area suitably located? | Outside back of kitchen | | |
|---|-------------------------------------|--|--|
| Is the area tidy? | Yes | | |
| Are all bins covered? | Yes | | |
| Are signs displayed at all entrances in | Yes | | |
| relation to access to kitchen for non | | | |
| kitchen staff? | | | |
| Are white coats, shoe covers and hats | yes | | |
| available for non kitchen staff? | | | |
| Comment of the structural hygiene of the kitchen (i.e | | | |
| floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc) very well | | | |
| maintained | | | |
| | | | |
| Are suitable hand washing and drying | Yes | | |
| facilities provided? | | | |
| General Comments: | Good food safety management evident | | |

Dry Goods:

| Suitably equipped? Shelving/containers | Good storage. |
|---|--|
| etc | |
| Condition and suitability of facilities: | |
| good | |
| What evidence is there of stock rotation? | Stock rotation good, low stock levels. |
| | |

| Refrigerated | Storage: |
|--------------|----------|
|--------------|----------|

| What type of refrigerated storage is provided? | Chest freezers and standing fridges |
|---|-------------------------------------|
| Comment on the condition and suitability Very good | of the refrigerated storage: |
| Are thermostats provided and in working order? | yes |
| Are food items date stamped? | yes |
| Are samples of dishes being kept? | Yes |

Other:

| Is there appropriate storage for cleaning | yes |
|---|-----|
| agents and chemicals? | |

OPERERATIONAL HYGIENE

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

| Is the correct equipment provided? e.g. colour coded chopping bo | ards |
|--|------|
| Yes | |

Is the necessary holding equipment provided? e.g. bain maries, refridgerated units.

Yes

| Condition and suitability of serving equipment and utensils: | |
|--|--|
| Very clean | |

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

Binned as food waste

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

STAFF FACILITIES AND HYGIENE

| Are designated staff facilities provided? | Yes |
|---|--------------------------|
| What facilities are in place? | Changing room and shower |

| Are all areas clean and well maintained? | Yes |
|--|----------------------|
| Are suitable hand washing & drying | Yes |
| facilities provided? | |
| Is storage provided for personal | Yes lockers in place |
| belongings? | |
| Are showers provided? Indicate | Yes – very clean |
| cleanliness & suitability | |

| Is a designated area provided for staff | Main dining room |
|---|------------------|
| breaks? If yes, is it clean/suitable/well | |
| maintained. | |
| If no, outline arrangements for breaks | |

| Are uniforms provided for: | |
|----------------------------|-----|
| Kitchen Staff? | Yes |
| Serving Staff? | Yes |

| Are uniforms clean and in good condition? (to include caps/hairnets/closed heel/toe shoes etc) | yes |
|--|--------------------|
| Is personal grooming satisfactory? | Yes |
| Are safe habits practiced? | Yes |
| General Comments on staff facilities: We | ll managed kitchen |

| 23 PL | JBLIC TOIL | .ET (State | Location): | Gound fl | oor main | lobby | | |
|---------------------|---------------|-------------|-----------------|-----------------|-----------|-------------|-----------------|----------|
| | Number | Soap | Toilet | Hand Towels | / Ho | t | Sanitary Bins | 5 |
| | | | Paper | Dryers | Wat | er | | |
| Unisex: | | | | | | | | |
| Ladies: | 1 | \boxtimes | | \boxtimes | | | \boxtimes | |
| Gents: | 1 | \boxtimes | | \boxtimes | | | | |
| ls there a | cleaning so | chedule di | splayed? | | | Yes | No [| |
| | ne last time | | | | | | | |
| | a clean? (p | | nment) | | | | | |
| | cilities work | | | | | | ⊠ No * | |
| Visual Ch | eck: Have y | ou notice | d any issues | requiring atter | ntion? | Yes* | No ∑ | <u> </u> |
| If No, give | e details: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4 CO | MMUNAL | ROOM (| State Locat | ion): | | | | |
| Storage a | | | <u> </u> | | | | | |
| | | | | | | | | |
| ls the wal | kway throu | gh the are | ea clear? | | Yes | | No 🗌 | |
| Are the ex | kit signs cle | arly marke | ed? | | Yes | \boxtimes | No 🗌 | - 7 |
| | | | | | | | | |
| | eating Area | | _ | | | | | |
| Is the seat | ting in good | l conditio | ۱? | | Yes | \boxtimes | No 📙 | |
| 4/h - 4 t - 4h | | | -l -e | | V | | N- 🗆 | |
| wnat is th | ie area gen | erally use | a tor? | | Yes | \boxtimes | No 📋 | |
| Computer | 'room' | | | | | | | |
| = | generally | rlean? | | | Vac | \boxtimes | No 🖂 | |
| | | | d anvissues i | requiring atten | | | No 🖂 | |
| f yes plea: | - | ou notice | a arry 133uc3 i | equiling atten | tion: 163 | | | 1 |
| yes pieu | se actaii. | | | | | | | |
| Any other | comments | ? if ves nl | ease detail: | | | | | - |
| any other | COMMITTER | i ii yes pi | case actaii. | | | | | |
| | | | | | | | | |
| LITDOOD | GROUND | S / EACH | ITIES | | | | | |
| | | | 11163 | | | | | |
| lease rate | the follow | willg: | | | | | | |
| | | | Very Good | Adequate | Poor* | Needs | urgent attent | ion* |
| `andition a | of exterior o | | very doou | Auequate | F001 | recus | , aigein attein | 1011 |
| onaition o entre | TEALERIUM O | ' | | | | | | |
| | of the centre | - | | | | | | |
| | ce standard | | ᆸ | | - | | | |
| | g. grass cut, | i | | | <u> </u> | | | |
| valkways c | | | | | | | | |

| Cleanliness of the grounds (ie., evidence of rubbish etc.) | | | |] | | | |
|---|------------------|--------------|----------|------------|-------------|---|-------------|
| Where you have rated * plea | se provide deta | ails and com | ments: | | | | |
| Are there any facilities availa | ble for children | outdoors? | Yes | | No | \boxtimes | |
| Comments | | | | | | | |
| LAUNDRY ROOM | | | | | | | |
| | Washing | Machines | | | Dry | ers/ | |
| Number | | 9 | | | | 9 | |
| Do they appear to be in work Comments: | ing order? | | | | | | |
| CORRIDOR (State Location | on): all co | orridors | | | | | |
| Is the area generally clean? | | | , | Yes | \boxtimes | No | |
| If no please give details: | | | | | | | |
| Visual Check: Have you notice | ed any issues re | quiring atte | ention? | ⁄es | | No | \boxtimes |
| If yes please detail: + | | | | | | *************************************** | |
| STAIRWAY (State Location | on): all sta | airways | | | | | |
| Is the area generally clean? | | | Υ | 'es | \boxtimes | No | |
| If no please give details: | | | | | ~~~ | | |
| Visual Check: Have you notice (e.g., fire exit signs, hazards, ligh | • | | ntion? Y | 'es | | No | \boxtimes |
| If yes please detail: | | | | | | | |

Bedrooms:

CLEANING (General Arrangements) How often are bedrooms inspected? twice weekly Weekly Who cleans the bedrooms? Staff Residents How often do staff clean the bedrooms? Weekly fortnightly Monthly Other Are there cleaning materials and equipment provided by management for \boxtimes Yes No 🗌 residents? What cleaning equipment is available to Brushes, mops, vacumn, detergents residents? What arrangements are in place if rooms Staff assist are not cleaned sufficiently by residents? ROOM NUMBER 101 Room Profile: Room Capacity: Room Occupancy: Family TV Ensuite Shared Bathroom Smoke Alarm Fire Notice X \boxtimes X M Poor * Very Good Adequate Needs urgent attention * Cleanliness Is everything in working order? No If *, please give details: sink in room is cracked **ROOM NUMBER 102** Room Profile: Room Capacity: Room Occupancy: Family 5 Ensuite Shared Bathroom Fire Notice TV Smoke Alarm \boxtimes X \boxtimes Very Good Adequate Poor * Needs urgent attention * Cleanliness Is everything in working order? Yes 🔀 No * If *, please give details: **ROOM NUMBER**

103

| Room Profile: | • | | m Capacity | | Room Occupancy: | |
|---|--------------------|--|---------------------------------------|-------------|-----------------------|--|
| Family | | 3 | | 3 | | |
| TV | Ensuite | Shared Bathroom Smoke | | moke Alarm | Fire Notice | |
| | \boxtimes | | | \boxtimes | \boxtimes | |
| | Very Good | d Adequate | Poor ' | * Nee | ds urgent attention * | |
| Cleanliness | | | | | | |
| Is everything | in working orde | r? | Yes | | | |
| If *, please giv | e details: | | | | | |
| | | | | | | |
| ROOM NUMB | ER 104 | | | | | |
| Room Profile: | | Roor | n Capacity: | Ro | oom Occupancy: | |
| Family | | 3 | | 3 | | |
| TV | Ensuite | Shared Bathro | oom Sr | noke Alarm | Fire Notice | |
| | | | | \boxtimes | | |
| | Very Good | Adequate | Poor * | Need | s urgent attention * | |
| Cleanliness | | | | | | |
| Is everything in | n working order | ? | Yes | | | |
| If *, please give | e details: | The second secon | | | | |
| DOONA NULBARI | FD 40F | | | | | |
| ROOM NUMB | ER 105 | | | | | |
| Room Profile: | | | n Capacity: | | om Occupancy: | |
| Family | | 3 | | 3 | | |
| TV | Ensuite | Shared Bathro | oom Sn | noke Alarm | Fire Notice | |
| | | | | | | |
| Cleanliness | Very Good | Adequate | quate Poor * No | | s urgent attention * | |
| | | | Vac N | No* | | |
| Is everything in working order? Yes No * | | | | | | |
| | 17 L | | | | | |
| ROOM NUMBE | R 106 | | | | | |
| Room Profile: | | Room | Capacity: | Ro | om Occupancy: | |
| Family | | 4 | - oupdoing. | 4 | occupancy. | |
| TV | | | · · · · · · · · · · · · · · · · · · · | | Fire Notice | |
| | Ensuite | Shared Bathro | 3111 | OKE Alaitii | File Notice | |
| | Ensuite | Shared Bathro | 3111 | | | |
| | Ensuite Very Good | Shared Bathro Adequate | Poor* | | urgent attention * | |

| Is everything | in working orde | r? | Yes | ☐ No | p* | | |
|-------------------|--|---|-------------|-------------|----------------------|--|--|
| If *, please gi | ve details: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ROOM NUME | | | | | | | |
| Room Profile: | | Rooi | m Capacity: | Ro | om Occupancy: | | |
| Family | | 3 | | 3 | | | |
| TV | Ensuite | Shared Bathr | oom Sn | noke Alarm | Fire Notice | | |
| | | | | \boxtimes | | | |
| Cleanliness | Very Good | Adequate | Poor * | Need | s urgent attention * | | |
| | in working order | ·? | Yes | No | * | | |
| If *, please giv | | | | | | | |
| | | | | | | | |
| ROOM NUMB | ER 108 | | | | | | |
| Room Profile: | | | n Capacity: | Roo | om Occupancy: | | |
| Family | | 3 | | 3 | | | |
| TV | Ensuite | Shared Bathroom Smoke Alarm Fire Notice | | | | | |
| | | | | | | | |
| | Very Good Adequate Poor * Needs urgent attention * | | | | | | |
| Cleanliness | | | X | _ | | | |
| | n working order | | Yes 🔀 | No * | | | |
| If *, please give | e details: a lot c | of food left in ro | om | | | | |
| ROOM NUMB | ER 109 | | | | | | |
| Room Profile: | | Room | Capacity: | Roc | om Occupancy: | | |
| Shared | | 3 | | 3 | | | |
| TV | Ensuite | Shared Bathro | om Sm | oke Alarm | Fire Notice | | |
| | \boxtimes | | | | \boxtimes | | |
| | Very Good | Adequate | Poor * | Needs | urgent attention * | | |
| Cleanliness | | \square | | | | | |
| Is everything ir | working order? |) | Yes | No * | | | |
| If *, please give | e details: | | | | | | |
| | | | | | | | |
| ROOM NUMBE | R 110 | | | | | | |
| Room Profile: | - | Room | Capacity: | Roo | m Occupancy: | | |
| Family | | 4 | , | 4 | | | |
| TV | Ensuite | Shared Bathro | om Smo | oke Alarm | Fire Notice | | |
| | | | | | | | |
| | Very Good | Adequate | Poor * | Needs | urgent attention * | | |
| Cleanliness | | | | | | | |

| Is everything | ; in working orde | r? | Yes | ☐ No | * | | | | |
|------------------|-------------------|---------------------------------------|-----------|-------------|--------------------------|--|--|--|--|
| If *, please g | ive details: | | | | | | | | |
| | | | | | | | | | |
| | | | | | - A bus | | | | |
| ROOM NUM | | | | | | | | | |
| Room Profile | : | Room Capacity: Room Occupancy: | | | | | | | |
| Family | T = | 3 | | 3 | T | | | | |
| TV | Ensuite | Shared Bathro | oom Smo | ke Alarm | Fire Notice | | | | |
| | | | | \boxtimes | | | | | |
| | Very Good | d Adequate | Poor * | Needs | urgent attention * | | | | |
| Cleanliness | | | | | | | | | |
| | in working order | r? | Yes | | | | | | |
| If *, please gi | ive details: | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| ROOM NUMI | | | ···· | | | | | | |
| Room Profile: | | | Capacity: | | m Occupancy: | | | | |
| | Family 5 5 | | | | | | | | |
| TV | Ensuite | Shared Bathro | om Smol | ke Alarm | Fire Notice | | | | |
| | \bowtie | | | \boxtimes | \boxtimes | | | | |
| | Very Good | Adequate | Poor * | Needs | Needs urgent attention * | | | | |
| Cleanliness | | \boxtimes | | | | | | | |
| Is everything | in working order | ? | Yes 🔀 | No * | | | | | |
| If *, please giv | ve details: | | | | | | | | |
| | | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| ROOM NUMB | BER 113 | | | | | | | | |
| Room Profile: | | Room | Capacity: | | m Occupancy: | | | | |
| Family | | 4 | | 3 | | | | | |
| TV | Ensuite | Shared Bathro | om Smok | e Alarm | Fire Notice | | | | |
| \boxtimes | | | | \boxtimes | \boxtimes | | | | |
| | Very Good | Adequate | Poor * | Needs u | rgent attention * | | | | |
| Cleanliness | | | | | | | | | |
| | n working order? | > | Yes 🔀 | No * | | | | | |
| If *, please giv | e details: | | | | | | | | |
| | | | | | | | | | |

| ROOM NUM | BER 114 | | | | | | |
|--|-----------------------------|----------|-----------|-----------|------|--------------------|--|
| Room Profile | : | | Room Capa | acity: | Roc | om Occupancy: | |
| Family | | | 3 | | | | |
| TV | Ensuite | Shared B | Bathroom | Smoke Ala | arm | Fire Notice | |
| | | | | | | \boxtimes | |
| i | Very Good Adequate Poor * N | | | | | urgent attention * | |
| Cleanliness | | | | | | | |
| Is everything in working order? Yes No * | | | | | | | |
| If *, please give details: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2001411111 | | | | | | 1 | |
| ROOM NUME | | | | | | | |
| Room Profile: | | | Room Capa | city: | | m Occupancy: | |
| Family | | | 3 | | 3 | | |
| TV | Ensuite | Shared B | athroom | Smoke Ala | rm | Fire Notice | |
| | \boxtimes | | | | | \boxtimes | |
| | Very Good | d Adequa | ate Po | or* No | eeds | urgent attention * | |
| Cleanliness | | | | | | | |
| Is everything i | n working order | ·.5 | | Yes 🔀 | No * | | |
| If *, please giv | e details: | | | | | | |

| ROOM NUN | IBER 116 | | | | | | |
|-------------------------------------|------------------|---------------|---------------------------------------|---------|--------------------|--------------------|--|
| Room Profile | 2: | Rooi | m Capac | ity: | Roc | om Occupancy: | |
| Family | | 3 | | | 3 | | |
| TV | Ensuite | Shared Bathr | oom | Smoke | e Alarm | Fire Notice | |
| | | | | | | \boxtimes | |
| | Very Good | d Adequate | Pod | or* | Needs | urgent attention * | |
| Cleanliness | | | | | | | |
| | in working orde | r? | Y | es | | | |
| If *, please g | ive details: | | | | | | |
| ROOM NUM | BER 117 | | | | | | |
| Room Profile | • | Roor | n Capaci | ity: | Roo | m Occupancy: | |
| Family | | 3 | | | 2 | | |
| TV | Ensuite | Shared Bathro | oom | Smoke | Alarm | Fire Notice | |
| \boxtimes | | | | Σ | | \boxtimes | |
| | Very Good | Adequate | Poo | r* | Needs | urgent attention * | |
| Cleanliness | | | | | | | |
| Is everything in working order? Yes | | | | | | | |
| If *, please given | ve details: | | | | | | |
| | **** | | - | | | | |
| ROOM NUME | 3ER 118 | ···· | | | | Ī | |
| Room Profile: | | Room | n Capacit | tv: | Rooi | m Occupancy: | |
| Family | | 5 | · · · · · · · · · · · · · · · · · · · | | 5 | | |
| TV | Ensuite | Shared Bathro | om | Smoke | Alarm | Fire Notice | |
| \boxtimes | \boxtimes | | | \geq | | | |
| | Very Good | Adequate | Poo | r * | Needs | urgent attention * | |
| Cleanliness | | , taequate | X | 1 | 1100000 | | |
| Is everything i | n working order | ? | Y | es | | | |
| If *, please giv | | | | | | | |
| ROOM NUMB | ER 119 | | | | (eros ⁴ | | |
| Room Profile: | | | Capacit | y: | Roon | n Occupancy: | |
| Family | | 3 | | | 3 | | |
| TV | Ensuite | Shared Bathro | om | Smoke A | Alarm | Fire Notice | |
| | | | | | | | |
| Cleanliness | Very Good | Adequate | Poor | * | Needs u | rgent attention * | |
| | n working order? | | Ye | s X | No * | | |
| If *, please giv | | | 16 | .3 🔼 | INU | | |
| ii , picase giv | e detalisi | | | | | | |

| ROOM NUM | BER 120 | | | | | | |
|---------------------------------|-----------------|----------|---------|--------|----------|---------|-----------------------|
| Room Profile | : | | Room | n Capa | city: | R | oom Occupancy: |
| Shared | | | 3 | | | 2 | |
| TV | Ensuite | Shared | Bathro | om | Smok | e Alarm | Fire Notice |
| | | | | | | | |
| | Very Goo | d Adec | uate | Po | or * | Need | Is urgent attention * |
| Cleanliness | | | | | | | |
| Is everything | in working orde | r? | | Υ | ∕es ⊠ | No * | |
| If *, please gi | ve details: | | | | | | |
| ROOM NUM | RED 121 | | | | | | |
| Room Profile | | | Room | Capac | rity: | Ro | oom Occupancy: |
| Shared | • | | 3 | Сарас | orty. | 3 | om Occupancy. |
| TV | Ensuite | Shared | | om | Smoke | e Alarm | Fire Notice |
| | | | | | | | |
| \boxtimes | | | | | | XI | |
| | Very Good | d Adeq | uate | Po | or* | Need | s urgent attention * |
| Cleanliness | | | | | | | |
| Is everything in working order? | | | | | | | |
| If *, please giv | ve details: | | | | | | |
| _ | | | | | | | |
| ROOM NUME | RFR 122 | | | | | | |
| Room Profile: | | | Room | Capac | itv: | Ro | om Occupancy: |
| Family | | | 3 | | | 3 | |
| TV | Ensuite | Shared | Bathro | om | Smoke | Alarm | Fire Notice |
| \boxtimes | \boxtimes | | | | | | |
| | Van Gaad | Adam | | Pos | or* | Maad | |
| Cleanliness | Very Good | Adequ | late | POC | 3r · | Need | s urgent attention * |
| | n working order | 2 | 1 | | l Yes | | |
| If *, please given | | r | | | 163 | | - |
| ir ', piease gi | e details: | | | | | | |
| 78 | | | | | | | , |
| ROOM NUMB | ER 123 | | | | | | |
| Room Profile: | | | Room | Capaci | itv: | Roe | om Occupancy: |
| Family | | | 3 | | | 1 | , |
| TV | Ensuite | Shared E | Bathroc | m | Smoke | Alarm | Fire Notice |
| \boxtimes | \boxtimes | | | | \geq | | |
| | Very Good | Adequ | iate | Poo | r* | Needs | urgent attention * |
| Cleanliness | | х | | | | | |
| Is everything i | n working order | ? | | Υ | 'es | | |
| If *, please giv | e details: | | | | | | |
| | | | | | | | |

| ROOM NUMB | ER 124 | | | | | |
|----------------------------|---|-----------------|-----------|---------------------|--------------------|--|
| Room Profile: | | Room | Capacity: | Roo | om Occupancy: | |
| Family | | 3 | | 2 | | |
| TV | Ensuite | Shared Bathroo | m Smo | ke Alarm | Fire Notice | |
| | | | | | | |
| | Very Good | Adequate | Poor * | Needs | urgent attention * | |
| Cleanliness | | | | | | |
| | n working order | ? | Yes 🔀 | No * | | |
| If *, please give | e details: | | | | | |
| | | | | | | |
| ROOM NUMBI | ER 125 | | | | | |
| Room Profile: | | Room C | apacity: | Roo | m Occupancy: | |
| Single | | 3 | | 3 | | |
| TV | Ensuite | Shared Bathroon | n Smol | ke Alarm | Fire Notice | |
| | \boxtimes | | | | | |
| | Very Good | Adequate | Poor * | Needs | urgent attention * | |
| Cleanliness | | | | | | |
| Is everything in | working order? |) | Yes | | | |
| If *, please give details: | | | | | | |
| | | | | | | |
| ROOM NUMBE | R 126 | | | | | |
| Room Profile: | | Room C | apacity: | Roo | m Occupancy: | |
| Family | *************************************** | 3 | | 3 | | |
| TV | Ensuite | Shared Bathroon | n Smok | e Alarm Fire Notice | | |
| \boxtimes | \boxtimes | | | \boxtimes | | |
| | Very Good | Adequate | Poor * | Needs | urgent attention * | |
| Cleanliness | | Ż | | | | |
| Is everything in | working order? | | Yes | No* | | |
| If *, please give | details: | | | | | |
| ROOM NUMBE | R 201 | | | | | |
| Room Profile: | | Room Ca | pacity: | Roor | n Occupancy: | |
| Family | | 5 | | 5 | | |
| TV | Ensuite | Shared Bathroom | Smoke | e Alarm | Fire Notice | |
| | | | | \boxtimes | \boxtimes | |
| | Very Good | Adequate | Poor * | Needs u | rgent attention * | |
| Cleanliness | | | | | | |
| Is everything in | | | Yes | - | | |
| If *, please give | details: | | | | | |

| ROOM NUM | BER 202 | | | | | | | |
|--|------------------|---|-----------------|--------|-------------|-------------------|--------------------|--|
| Room Profile |): | | Roon | n Capa | city: | Ro | om Occupancy: | |
| Family | | | 5 | | | 5 | | |
| TV | Ensuite | Shared | Bathro | oom | Smoke Alarm | | Fire Notice | |
| | \boxtimes | | | | | | \boxtimes | |
| | Very Good | d Adec | Adequate Poor * | | | Needs | urgent attention * | |
| Cleanliness | | | | | | | | |
| Is everything | in working order | ١? | | ١ | res 🔀 | No * | | |
| If *, please gi | ve details: | | | | | | _ | |
| | | | | | | | | |
| ROOM NUM | BER 203 | *************************************** | | | | | 14.00 | |
| Room Profile | : | | Room | Сарас | city: | Roc | om Occupancy: | |
| Family | | | 3 | | | 1 | | |
| TV | Ensuite | Shared | Bathro | om | Smoke | Alarm | Fire Notice | |
| | | | | | | \leq | | |
| | Very Good | Adeq | uate | Po | or * | Needs | urgent attention * | |
| Cleanliness | | | | LL | | | | |
| Is everything in working order? Yes No * | | | | | | | | |
| If *, please giv | ve details: | | | | | | | |
| | | | | | | | | |
| ROOM NUME | BER 204/205 | | | | | | 1 | |
| Room Profile: | | | Room | Capac | ity: | Roo | m Occupancy: | |
| Family | | | 6 | | | 5 | - | |
| TV | Ensuite | Shared | Bathro | om | Smoke | Alarm Fire Notice | | |
| | | | | | | | \boxtimes | |
| I | Very Good | Adequ | uate | Pod | or* | Needs | urgent attention * | |
| Cleanliness | | | | | | | | |
| Is everything i | n working order | ? | | \ | Yes | | | |
| If *, please giv | ve details: | | | | | | | |
| ROOM NUMB | ER 206 | | | | | | | |
| Room Profile: | | | Room | Capaci | ity: | Roo | m Occupancy: | |
| Family | | | 4 | | | 3 | | |
| TV | Ensuite | Shared E | Bathroc | om | Smoke | Alarm | Fire Notice | |
| | | | | | \geq | | \boxtimes | |
| Classification | Very Good | Adequ | iate | Poo | or* | Needs | urgent attention * | |
| Cleanliness | | | | | <u> </u> | | | |
| | n working order? | | | Y | 'es | | | |
| If *, please giv | e details: | | | | | | | |

| ROOM NUM | IBER 207 | | | | | | |
|---------------------------------|------------------|---------------|----------|----------|-------------------|----------------------|--|
| Room Profile | : | Roo | m Capa | city: | Ro | om Occupancy: | |
| Family | | 3 | | | 2 | | |
| TV | Ensuite | Shared Bath | room | Smok | e Alarm | Fire Notice | |
| | | | | | \boxtimes | | |
| | Very Good | Adequate | Po | or * | Need: | s urgent attention * | |
| Cleanliness | | | | | | | |
| | in working order | | Y | 'es | | | |
| If *, please gi | ive details: | | | | | | |
| | · · | | | | | | |
| ROOM NUM | BER 208 | | | | | | |
| Room Profile | • | Rooi | m Capac | city: | Roo | om Occupancy: | |
| Family | | 3 | | | 2 | | |
| TV | Ensuite | Shared Bathr | oom | Smok | e Alarm | Fire Notice | |
| \boxtimes | | | | | \times | | |
| | Very Good | Adequate | Po | or* | Needs | urgent attention * | |
| Cleanliness | | | | | | | |
| Is everything in working order? | | | | | | | |
| If *, please given | ve details: | | | | | | |
| | | | | | | | |
| ROOM NUME | BER 209 | | | | | *** | |
| Room Profile: | | Roor | n Capac | itv: | Roc | m Occupancy: | |
| Shared | | 3 | | | 3 | | |
| TV | Ensuite | Shared Bathro | oom | Smoke | Alarm Fire Notice | | |
| \boxtimes | | | | | | \boxtimes | |
| <u> </u> | Very Good | Adequate | Pod | or * | Needs | urgent attention * | |
| Cleanliness | | | | <u>a</u> | | П | |
| Is everything i | n working order? |) | Υ | es es | | | |
| If *, please giv | ve details: | | | | | | |
| | | | | | | 1-44 | |
| ROOM NUMB | ER 210 | | | | | | |
| Room Profile: | | Room | n Capaci | ty: | Roo | m Occupancy: | |
| Family | | 4 | | | 4 | | |
| TV | Ensuite | Shared Bathro | om | Smoke | Alarm | Fire Notice | |
| | | | | | | | |
| Cleanliness | Very Good | Adequate | Poo | r * | Needs | urgent attention * | |
| | n working order? | | | es 🖂 | No * | | |
| If *, please giv | | | | c3 🔼 | 110 | | |
| , piease giv | e actalis. | | | | | | |

| ROOM NUN | 1BER 211 | | | | | | |
|---------------------------------------|------------------|--------------|--------------|-------------|--------------------|--|--|
| Room Profil | e: | Ro | om Capacity: | Ro | Room Occupancy: | | |
| Family | | 3 | | 2 | | | |
| TV | Ensuite | Shared Bath | nroom Sm | oke Alarm | Fire Notice | | |
| | | | | \boxtimes | \boxtimes | | |
| _ | Very Goo | d Adequate | Poor * | Needs | urgent attention * | | |
| Cleanliness | | | | | | | |
| Is everything | in working orde | er? | Yes 🔀 | No * | | | |
| If *, please g | ive details: | | | | | | |
| ROOM NUM | RFR 212 | | | | | | |
| Room Profile | | Roc | om Capacity: | Roc | om Occupancy: | | |
| Family | •• | 6 | om capacity. | 5 | on occupancy. | | |
| TV | Ensuite | Shared Bath | room Sme | oke Alarm | Fire Notice | | |
| | | | | \boxtimes | | | |
| Cleanliness | Very Good | d Adequate | Poor * | Needs | urgent attention * | | |
| | | X | | | | | |
| Is everything in working order? Yes | | | | | | | |
| If *, please give details: | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | |
| ROOM NUM | BER 213 | | | | | | |
| Room Profile | • | Roo | m Capacity: | Roo | m Occupancy: | | |
| Shared | | 4 | | 3 | | | |
| TV | Ensuite | Shared Bath | room Smo | ke Alarm | Fire Notice | | |
| \boxtimes | \boxtimes | | | \boxtimes | | | |
| | Very Good | Adequate | Poor * | Needs | urgent attention * | | |
| Cleanliness | 70.7 0000 | | 1 00. | Hecus | | | |
| Is everything | in working order | .? | Yes | | | | |
| If *, please gi | | | 100 | .,_ | | | |
| ROOM NUME | BER 214 | | | | | | |
| Room Profile: | | Rooi | m Capacity: | Rooi | m Occupancy: | | |
| Family | | 3 | 2 7000 | 1 | | | |
| TV | Ensuite | Shared Bathr | oom Smo | ke Alarm | Fire Notice | | |
| | | | П | | | | |
| Cleanliness | Very Good | Adequate | Poor * | Needs | urgent attention * | | |
| | n working order | | Yes | No * | | | |
| If *, please giv | | | 103 | 7 140 | | | |
| | | | | | | | |



| ROOM NUM | IBER 215 | | | | | |
|-----------------------|------------------|-----------------|--|-----------------------|--------------------|--|
| Room Profile | e: | Rooi | m Capacity: | Roc | om Occupancy: | |
| Family | | 3 | | 3 | | |
| TV | Ensuite | Shared Bathr | oom Smok | ce Alarm | Fire Notice | |
| | | | | \boxtimes | \boxtimes | |
| | Very Goo | d Adequate | Poor * | Needs | urgent attention * | |
| Cleanliness | | | | | | |
| Is everything | in working orde | r? | Yes 🔀 | No * | | |
| If *, please g | ive details: | | | | | |
| DOOM NUM | DED 216 | | - Pre-A- | | | |
| ROOM NUM Room Profile | | Page | a Canacituu | Pag | m Ossunanau | |
| Family | . . | 3 | n Capacity: | 3 | m Occupancy: | |
| TV | Ensuite | Shared Bathro | Smak | e Alarm | Fire Notice | |
| | Liisuite | Silared Datilit | JOH SHICK | C Alailli | File Notice | |
| | | | | \boxtimes | \boxtimes | |
| | Very Good | d Adequate | Poor * | Needs | urgent attention * | |
| Cleanliness | | | | | | |
| Is everything | in working order | r? | Yes 🔀 | No * | | |
| If *, please gi | ve details: | | | | | |
| | | | | | · | |
| ROOM NUM | RFP 217 | | | | | |
| Room Profile | | Room | Capacity: | Root | m Occupancy: | |
| Family | <u> </u> | 5 | . capacity. | 5 | in occupancy. | |
| TV | Ensuite | Shared Bathro | om Smoke | oke Alarm Fire Notice | | |
| | | | | | \boxtimes | |
| | | | | | | |
| | Very Good | Adequate | Poor * | Needs (| urgent attention * | |
| Cleanliness | | | | | | |
| <u>_</u> | in working order | ? | Yes 🗵 | No* | | |
| If *, please gi | ve details: | | | | | |
| | | | THE STATE OF THE S | | | |
| ROOM NUME | BER 218 | | 7-1-1-1 | | | |
| Room Profile: | | Room | Capacity: | Roon | n Occupancy: | |
| Family | | 3 | | 1 | | |
| TV | Ensuite | Shared Bathro | om Smoke | Alarm | Fire Notice | |
| \boxtimes | | | Σ | | | |
| | Very Good | Adequate | Poor * | Needs u | rgent attention * | |
| Cleanliness | | | | | | |
| | n working order | ? | Yes 🔀 | No * | | |
| If *, please giv | e details: | | | | | |
| | | | | | | |

| ROOM NUN | IBER 219 | | | | | | |
|---------------------------------|---------------------------------------|-------------|-------------------|---------|---------|--------------------|--|
| Room Profile | 2: | R | Room Capacity: Ro | | | om Occupancy: | |
| Shared | | 3 | | | 3 | | |
| TV | Ensuite | Shared Ba | throom | Smoke | e Alarm | Fire Notice | |
| | | | | | | \boxtimes | |
| | Very Good | d Adequa | te Po | or * | Needs | urgent attention * | |
| Cleanliness | | | | | | | |
| | in working orde | r? | | Yes 🔀 | No * | | |
| If *, please g | ive details: | | | | | | |
| | | | | | | | |
| ROOM NUM | BER 220 | | | | | | |
| Room Profile | | Ro | oom Capa | city: | Roo | m Occupancy: | |
| Family | | 3 | | | 2 | | |
| TV | Ensuite | Shared Bat | hroom | Smoke | Alarm | Fire Notice | |
| | | | | | | | |
| | Very Good | Adequat | e Po | or * | Needs | urgent attention * | |
| Cleanliness | | | | | | | |
| Is everything in working order? | | | | | | | |
| If *, please gi | ve details | | | | | | |
| | | | | | | | |
| ROOM NUMI | BER 221 | | | | | 400,01 | |
| Room Profile: | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Ro | om Capac | ity: | Rooi | m Occupancy: | |
| Family | | 3 | | | 3 | | |
| TV | Ensuite | Shared Bat | hroom | Smoke | Alarm | Fire Notice | |
| \boxtimes | \boxtimes | | | \geq | | \boxtimes | |
| i | Very Good | Adequate | e Po | or* | Needs (| urgent attention * | |
| Cleanliness | | | | | | | |
| Is everything | n working order | ? | , | Yes 🛚 | No* | | |
| If *, please giv | ve details: | | | | | | |
| | | | | | | | |
| ROOM NUMB | ER 222 | | | | | | |
| Room Profile: | | Ro | om Capac | ity: | Roon | n Occupancy: | |
| Family | - p | 3 | | | 2 | | |
| TV | Ensuite | Shared Bath | room | Smoke / | Alarm | Fire Notice | |
| | | | | | | | |
| Cleanliness | Very Good | Adequate | Poc | or * | Needs u | rgent attention * | |
| Is everything i | n working order? | | Y | 'es | No * | | |
| If *, please giv | | | | | | | |
| | | | | | | | |

| ROOM NUM | 1BER 223 | | | | | | | |
|--|------------------|----------|----------|-------------|--------------|--------|-------------------|---------------------------------------|
| Room Profile | e: | | Room | Сара | city: | | Roo | m Occupancy: |
| Family | | | 3 | | | | 3 | |
| TV | Ensuite | Shared | Bathro | om | Smok | e Ala | rm | Fire Notice |
| | \boxtimes | | | | \boxtimes | | | \boxtimes |
| | Very Goo | d Adec | quate | Po | or * | Ne | eeds | urgent attention * |
| Cleanliness | | | \leq | | | | | |
| Is everything | in working orde | er? | | Y | 'es | | | |
| If *, please g | ive details: | | | | | | | |
| ROOM NUM | BER 224 | | | | ~ | | | |
| Room Profile | | | Room | Capac | itv: | | Roo | m Occupancy: |
| Family | | | 3 | | ,. | | 2 | occupanto, |
| TV | Ensuite | Shared | Bathro | om | Smok | e Alar | m | Fire Notice |
| \boxtimes | | | | | | X | | \boxtimes |
| 1 | Very Goo | d Adeq | uate | Po | or * | Ne | eds i | urgent attention * |
| Cleanliness | | | 1 | | | | | |
| Is everything in working order? Yes No * | | | | | | | | |
| If *, please gi | ve details: | | | | | | | |
| | | , | | | | | | |
| ROOM NUM | BER 225 | | | | | | | · · · · · · · · · · · · · · · · · · · |
| Room Profile | | | Room | Capac | itv: | | Roor | n Occupancy: |
| Family | | | 3 | | | | 2 | |
| TV | Ensuite | Shared | Bathroo | m | Smoke | Alar | Alarm Fire Notice | |
| | \boxtimes | | | | | | | |
| | Very Good | l Adequ | uate | Poc | or* | Ne | eds u | rgent attention * |
| Cleanliness | X | | 1 | Г | | | - | |
| Is everything | in working order | | - | | 'es | 1 | No* | |
| If *, please gi | | | | | | - | | |
| ROOM NUME | BER 226 | | | | | | | |
| Room Profile: | | | Room (| Capaci | ty: | | | n Occupancy: |
| Family | | | 3 | | | 2 | | |
| TV | Ensuite | Shared E | Bathroo | m | Smoke | Alarr | n | Fire Notice |
| | | | | | | 1 | | \boxtimes |
| Cleanliness | Very Good | Adequ | ate | Poo | r* | Nee | eds u | rgent attention * |
| | n working order | ? | | Υ. | es 🖂 | No | * [| |
| If *, please giv | | • | | | <u> </u> | .,,0 | <u>Ļ</u> | |
| | | | | | | | | |

| ROOM NUMBER 301 | | | | | | | | |
|--|-------------------------------------|---------------|--|-------------|-------------------------|--|--|--|
| Room Profile | e: | Room Ca | | | pacity: Room Occupancy: | | | |
| Family | | 5 | | 6 | | | | |
| TV | Ensuite | Shared Bathr | oom Smol | ke Alarm | Fire Notice | | | |
| | | | | \boxtimes | \boxtimes | | | |
| | Very Good | d Adequate | Poor * | Needs | urgent attention * | | | |
| Cleanliness | | | | | | | | |
| Is everything | in working orde | r? | Yes 🔀 | No * | | | | |
| If *, please g | ive details: | | | | | | | |
| | | | —————————————————————————————————————— | | | | | |
| ROOM NUM | BER 302 | | | | | | | |
| Room Profile | : | Roon | n Capacity: | Roo | m Occupancy: | | | |
| Family | | 6 | | 5 | | | | |
| TV | Ensuite | Shared Bathro | oom Smok | e Alarm | Fire Notice | | | |
| | | | | \boxtimes | \boxtimes | | | |
| | Very Good | Adequate | Poor * | Needs | urgent attention * | | | |
| Cleanliness | | | | | | | | |
| | Is everything in working order? Yes | | | | | | | |
| If *, please gi | ve details: | | | | | | | |
| | | | | | | | | |
| ROOM NUM | BER 303 | | | | | | | |
| Room Profile | • | Room | Capacity: | Rooi | m Occupancy: | | | |
| Family | | 3 | | 3 | | | | |
| TV | Ensuite | Shared Bathro | om Smok | e Alarm | Fire Notice | | | |
| | | | | \boxtimes | \boxtimes | | | |
| | Very Good | Adequate | Poor * | Needs u | urgent attention * | | | |
| Cleanliness | | X | | | | | | |
| Is everything | in working order | ? | Yes | No* | | | | |
| If *, please gi | ve details: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| ROOM NUMBER 304 | | | | | | | | |
| Room Profile: Room Capacity: Room Occupancy: | | | | | | | | |
| Vacant | 3 2 | | | | | | | |
| TV | Ensuite | Shared Bathro | om Smoke | Alarm | Fire Notice | | | |
| \boxtimes | \bowtie | | | | | | | |
| Cleanliness | Very Good | Adequate | Poor * | Needs u | rgent attention * | | | |
| | n working and an | | Vac | - | | | | |
| Is everything in working order? Yes If *, please give details: | | | | | | | | |
| ir ", piease gi\ | re details: | | | | | | | |
| | | | | | | | | |

| ROOM NUM | ROOM NUMBER 305 | | | | | | | | |
|--|--|-----------------|----------------|---------------|-----------------|--------------|-----------------------|--|--|
| Room Profile | 2: | | Room Capacity: | | | | oom Occupancy: | | |
| Family | | | 3 | | | 2 | | | |
| TV | Ensuite | Share | d Bathr | Bathroom Smok | | e Alarm | Fire Notice | | |
| | | | | | | \boxtimes | | | |
| | Very Goo | d Ade | quate | Po | or * | Need | ls urgent attention * | | |
| Cleanliness | | | \boxtimes | | | | | | |
| Is everything | in working orde | r? | | ١ | res 🖂 | No * | | | |
| If *, please g | ive details: | | | | | | | | |
| ROOM NUM | RED 206 | | | | | | | | |
| Room Profile | | | Roon | n Capa | rity | Po | om Occupancy: | | |
| Family | • | | A | Capa | Jity. | 1 | om Occupancy: | | |
| TV | Ensuite | Shared | Bathro | om | Smok | e Alarm | Fire Notice | | |
| | Ensure | Silarea | | | 311101 | | The Notice | | |
| | | | | | | \boxtimes | | | |
| | Very Good | Adec | quate | Po | or * | Need | s urgent attention * | | |
| Cleanliness | | | \leq | | | | | | |
| | in working orde | | | Υ | es 🔀 | No * | Ш | | |
| If *, please gi | ve details: Hot p | late in ro | om | | | | | | |
| 100 | | | | | | | | | |
| ROOM NUME | BER 307 | | | | | | | | |
| Room Profile: | Room Profile: Room Capacity: Room Occupancy: | | | | | | | | |
| Family | | | 3 | | | 2 | | | |
| TV | Ensuite | Shared | Bathro | om | Smoke Alarm | | Fire Notice | | |
| | | | | | \triangleleft | | | | |
| | Very Good | Adeq | uate | Poo | or * | Needs | urgent attention * | | |
| Cleanliness | | | 1 | | | | | | |
| Is everything i | n working order | ? | | \ | /es | | <u> </u> | | |
| If *, please give details: | | | | | | | | | |
| ROOM NUMBER 308 | | | | | | | | | |
| Room Profile: Room Capacity: Room Occupancy: | | | | | | m Occupancy: | | | |
| Shared | | 3 3 | | | | | | | |
| TV | Ensuite | Shared Bathroom | | om | Smoke | Alarm | Fire Notice | | |
| | \boxtimes | | | | \geq | | | | |
| Cleanliness | Very Good | Adeq | uate | Poo | r * | Needs | urgent attention * | | |
| | n working order? | | | Y | es 🖂 N | lo * | | | |
| If *, please giv | | | | • | -2 2 | <u> </u> | 1 | | |
| | | | | | | | | | |

| ROOM NUMBER 309 | | | | | | | |
|--|-------------------------------------|-----------|-----------|------------------|-------------|--------------------|--|
| Room Profile | e: | | Room Cap | acity: | Roc | om Occupancy: | |
| Family | | | 3 | | 3 | | |
| TV | Ensuite | Shared B | athroom | Smok | e Alarm | Fire Notice | |
| | | | | | | \boxtimes | |
| | Very God | od Adequ | ate P | oor * | Needs | urgent attention * | |
| Cleanliness | | | | | | | |
| Is everything | in working orde | er? | | Yes 🔀 | No * | | |
| If *, please g | ive details: | | | | | | |
| ROOM NUM | RED 210 | | | | | | |
| Room Profile | | | Room Capa | city: | Roc | om Occupancy: | |
| Family | • | | 1 | icity. | 4 | mir Occupancy. | |
| TV | Ensuite | Shared B | athroom | Smok | e Alarm | Fire Notice | |
| | | | | | \boxtimes | | |
| | Very Goo | d Adequa | ate Po | oor * | Needs | urgent attention * | |
| Cleanliness | | | | | | | |
| Is everything | Is everything in working order? Yes | | | | | | |
| If *, please gi | ve details: | | | | | | |
| L | | | | | | | |
| ROOM NUM | BER 311 | | | | | | |
| Room Profile: | | F | loom Capa | city: | Roo | m Occupancy: | |
| Shared | | 3 | } | | 3 | | |
| TV | Ensuite | Shared Ba | throom | oom Smoke A | | Fire Notice | |
| | \boxtimes | | | | | \boxtimes | |
| | Very Good | d Adequa | te Po | or* | Needs | urgent attention * | |
| Cleanliness | | Ż | | 7 7 | | | |
| Is everything i | in working orde | r? | | Yes 🔀 | No* | | |
| If *, please give details: | | | | | | | |
| ROOM NUMBER 312 | | | | | | | |
| Room Profile: Room Capacity: Room Occupancy: | | | | | | n Occupancy: | |
| Shared | | 2 | | - | 2 | - | |
| TV | Ensuite | Shared Ba | throom | Smoke | Alarm | Fire Notice | |
| | \boxtimes | | | \triangleright | | | |
| Cleanliness | Very Good | Adequa | te Po | or * | Needs u | irgent attention * | |
| | n working order | ? | | Yes | No * | | |
| If *, please giv | | - | | · • • <u> </u> | 140 | | |
| | | | | | | | |

| ROOM NUMBER 313 | | | | | | | | | |
|--|---------------|-------|---|---------------------------------------|-----------------|---------------|-------------|-----------------------|--|
| Room Profile | Room Profile: | | | | n Capa | city: | R | oom Occupancy: | |
| Family | | 4 | | | | 4 | | | |
| TV | Ensuite | | Shared | d Bathro | athroom Smoke | | e Alarm | Fire Notice | |
| | | | | | | | \boxtimes | | |
| | Very (| Good | Ade | quate | Po | or * | Nee | ds urgent attention * | |
| Cleanliness | |] | | \leq | | | | | |
| Is everything | in working o | rder? | | | ١ | ∕es ⊠ | No * | | |
| If *, please gi | ve details: | | | | | | | | |
| ROOM NUM | DED 214 | | | | | | | | |
| Room Profile | | | | Poor | Cana | nitr (1 | D | nam Occumency | |
| Family | | | | ROOII | Capa | city: | 3 | oom Occupancy: | |
| TV | Ensuite | | Shared | Rathro | om | Smoke | Alarm | Fire Notice | |
| | Liisuite | | Silaieu | Datillo | OIII | SHIOKE | Alailli | Fire Notice | |
| | | _ | | | | | Z | | |
| | Very G | ood | Adec | uate | Po | or * | Need | s urgent attention * | |
| Cleanliness | | | | ₫ | | | | | |
| Is everything | in working o | rder? | | | Υ | es 🖂 | No * | | |
| If *, please giv | ve details: | | | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| ROOM NUME | 2ED 21E | | | | | | | | |
| Room Profile: | LK JIJ | | | Room | Capac | ity: | P.O | om Occupancy: | |
| Family | | | *************************************** | 6 | cupuc | ncy. | 6 | om occupancy. | |
| TV | Ensuite | | Shared | | athroom Smoke A | | | Fire Notice | |
| \boxtimes | \boxtimes | | | | | | | | |
| | Very G | ood | Adeq | uate | Pod | or* | Need | s urgent attention * | |
| Cleanliness | | | | | | | | | |
| Is everything i | n working o | der? | | | \ | res 🗵 | No |)* | |
| If *, please give details: | | | | | | | | | |
| ROOM NUMBER 316 | | | | | | | | | |
| Room Profile: Room Capacity: Room Occupancy: | | | | | | om Occupancy: | | | |
| Family | | | | | | | | | |
| TV | Ensuite | | Shared | Bathrod | m | Smoke | Alarm | Fire Notice | |
| | \boxtimes | | [| | | \geq | | | |
| Classifica | Very G | ood | Adequ | uate | Poc | r* | Needs | urgent attention * | |
| Cleanliness | | | X | | Ļ | | | | |
| Is everything in working order? Yes No * No * | | | | | | | | | |
| If *, please give details: | | | | | | | | | |

| ROOM NUN | IBER 317 | | | | | |
|--|------------------|----------------|-------------|-------------------------|--------------------|--|
| Room Profile | 2: | Roor | n Capacity: | Roc | Room Occupancy: | |
| Family | | 3 | | 3 | | |
| TV | Ensuite | Shared Bathr | oom Smol | ke Alarm | Fire Notice | |
| | \boxtimes | | | \boxtimes | \boxtimes | |
| | Very Good | l Adequate | Poor * | Needs | urgent attention * | |
| Cleanliness | | \boxtimes | | | | |
| Is everything | in working order | .5 | Yes | | | |
| If *, please g | ive details: | | *** | | | |
| | | | | | | |
| ROOM NUM | | | - | | | |
| Room Profile | • | | Capacity: | | m Occupancy: | |
| Family | | 3 | | 3 | | |
| TV | Ensuite | Shared Bathro | | e Alarm | Fire Notice | |
| | | | | \boxtimes | | |
| | Very Good | Adequate | Poor * | Needs | urgent attention * | |
| Cleanliness | | | | | | |
| Is everything in working order? Yes No * | | | | | | |
| If *, please gi | ve details: | | | | | |
| | | | | | ·· | |
| ROOM NUMI | BER 319 | | | | | |
| Room Profile: | | Room | Capacity: | Rooi | m Occupancy: | |
| Family | | 3 | | 3 | | |
| TV | Ensuite | Shared Bathro | om Smoke | Smoke Alarm Fire Notice | | |
| \boxtimes | | | | \boxtimes | \boxtimes | |
| | Very Good | Adequate | Poor * | Needs ι | urgent attention * | |
| Cleanliness | | | | | | |
| Is everything i | n working order | ? | Yes | No* | | |
| If *, please giv | ve details: | | | | | |
| | | | | | | |
| ROOM NUMBER 320 | | | | | | |
| Room Profile: | | Room | Capacity: | Roon | n Occupancy: | |
| Family | | 5 | -apacity. | 4 | ii occupancy. | |
| TV | Ensuite | Shared Bathroo | om Smoke | | Fire Notice | |
| | | | | | \boxtimes | |
| | Very Good | Adequate | Poor * | Needs u | rgent attention * | |
| Cleanliness | | | | | | |
| Is everything i | n working order? | | Yes 🖂 | No * | | |
| If *, please giv | e details: | 717 | | 7,000 | | |
| | | | | | | |

| ROOM NUN | ROOM NUMBER 321 | | | | | |
|--|------------------|---------------|--------------|-------------|--------------------|--|
| Room Profile | : | Roo | m Capacity: | Roc | om Occupancy: | |
| Family | | 3 | | 2 | | |
| TV | Ensuite | Shared Bathr | oom Smol | ke Alarm | Fire Notice | |
| | | | | \boxtimes | | |
| | Very Good | d Adequate | Poor * | Needs | urgent attention * | |
| Cleanliness | | | | | | |
| Is everything | in working orde | r? | Yes | | | |
| If *, please g | ive details: | | | | | |
| ROOM NUM | RFR 322 | | | | | |
| Room Profile: Room Capacity: Room Occupancy: | | | | | | |
| Family | • | 3 | To Capacity. | 2 | m occupancy. | |
| TV | Ensuite | Shared Bathro | oom Smok | e Alarm | Fire Notice | |
| \boxtimes | \boxtimes | | | \boxtimes | \boxtimes | |
| | Very Good | Adequate | Poor * | Needs | urgent attention * | |
| Cleanliness | | | | | | |
| Is everything | in working order | ? | Yes 🔀 | No * | | |
| If *, please gi | ve details: | | | | | |
| | | | | | | |
| ROOM NUMI | RED 323 | | | | | |
| Room Profile: | | Roon | n Capacity: | Roo | m Occupancy: | |
| Family | <u>'</u> | 3 | . dapaoney. | 3 | пт оссирансу. | |
| TV | Ensuite | Shared Bathro | oom Smok | e Alarm | Fire Notice | |
| | | | | X | | |
| | Very Good | Adequate | Poor * | Needs | urgent attention * | |
| Cleanliness | | , i | | | | |
| Is everything i | n working order | ? | Yes | No* | | |
| If *, please give details: | | | | | | |
| ROOM NUMBER 324 | | | | | | |
| Room Profile: Room Capacity: Room Occupancy: | | | | | | |
| Family | 3 3 | | | | | |
| TV | Ensuite | Shared Bathro | om Smoke | Alarm | Fire Notice | |
| | | | | | \boxtimes | |
| Cleanliness | Very Good | Adequate | Poor * | Needs u | rgent attention * | |
| | n working order? | <u> </u> | Yes 🖂 | No * | | |
| If *, please giv | | | 163 | 140 | | |
| ii , picase giv | e ucidiis. | | | | | |

| ROOM NUMBER 325 | | | | | | | | | |
|--|--|--------------|-----------|---------------------------------------|--------|-------------------|--------|-----------------|--------------------|
| Room Profile | : | | | Room Capacity: | | | | Room Occupancy: | |
| Family | | | | 3 | 3 | | | 3 | |
| TV | | Ensuite | Share | d Bathr | oom | Smoke Ala | | rm | Fire Notice |
| | | \boxtimes | | | | | X | | \boxtimes |
| | | Very Good | Ade | quate | Po | or * | Ne | eds | urgent attention * |
| Cleanliness | | | | X | | | | | |
| Is everything | in w | orking order | ·? | | \ | es 🗌 | No | * | X |
| If *, please gi | ve d | etails: Rice | ooker in | room | | | | | |
| ROOM NUM | DED | 226 | | | | | | | |
| Room Profile | | 320 | | Poor | n Cana | nita | | Door | |
| Family | • | | | 3 | n Capa | Lity. | | 3 | m Occupancy: |
| TV | | Ensuite | Sharec | Bathro | oom | Smok | | | Fire Notice |
| | | Liisuite | Silaiec | - Datilit | JUIII | SITION | C Alai | ''' | riie Notice |
| | | | | | | | | | |
| | | Very Good | Ade | quate | Po | or * | Ne | eds ι | rgent attention * |
| Cleanliness | | | | \leq | | | | | |
| Is everything | | | ? | | Υ | es 🔀 | No | * | |
| If *, please giv | ∕e de | etails: | | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| ROOM NUME | BER | 327 | | | | | | | |
| Room Profile: | | | | Room | Capac | itv: | T | Roon | n Occupancy: |
| Family | | | | 3 | | | | 2 | |
| TV | I | Ensuite | Shared | Bathroom Smoke | | oke Alarm Fire No | | Fire Notice | |
| | | | | | | | | | |
| 1. | | Very Good | Adeq | ıuate | Pod | or * | Nee | eds u | rgent attention * |
| Cleanliness | | | | 1 | Г | 1 | | | |
| Is everything i | n wo | rking order? |) | | \ | res 🖂 | 1 | No* | |
| If *, please give details: | | | | | | | | | |
| ROOM NUMBER 328 | | | | | | | | | |
| Room Profile: Room Capacity: Room Occupancy: | | | | | | | | | |
| Shared | | | | | | | | | |
| TV | E | nsuite | te Shared | | om | Smoke | Alarn | n | Fire Notice |
| | | | | | | \geq | | | \boxtimes |
| Cleanliness | | Very Good | Adeq | uate | Pod | or * | Nee | ds ui | rgent attention * |
| | 14:5 | rking order? | | 7 | | <u> </u> | A1 - | * | |
| | s everything in working order? Yes No * | | | | | | | | |
| f *, please give details: | | | | | | | | | |

| | | Room | Cana | | T _ | |
|--------------------------|--|---|---|---|--|--|
| | | | Capai | city: | Roo | m Occupancy: |
| | | 3 | | | 2 | |
| Ensuite | Shared | Bathro | om | Smoke Ala | arm | Fire Notice |
| | | | | \boxtimes | | \boxtimes |
| Very Good | Adeq | uate | Po | or * Needs | | urgent attention * |
| | | | | | | |
| n working order | ? | | | Yes 🛚 | No * | |
| , produce 6.110 decents. | | | | | | |
| for any comm | ents or ot | her inf | orma | tion not co | verec | l in this form: |
| | Very Good in working order ve details: | Very Good Adeq n working order? ve details: | Very Good Adequate n working order? ve details: | Very Good Adequate Po In working order? Ve details: | Very Good Adequate Poor * Non working order? Yes ve details: | Very Good Adequate Poor * Needs n working order? Yes No * |

General Representations

| If you were approached by any <u>residents</u> 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 <u>other persons</u> 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 | | Clondalkin Towerrs | | | | | |
|---------------------------------------|--------|-----------------------------------|--|--|--|--|--|
| Address: | | Ninth Lock, Clondalkin, Dublin 24 | | | | | |
| Proprietor: | | Sean Lyons | | | | | |
| Manager: | | Mark Catorie | | | | | |
| Contact Name: | | Sean Lyons | | | | | |
| Capacity Per MOA (Current Occupancy): | | 250(245) | | | | | |
| Date of Inspection: | 7/3/19 | | | | | | |

Fire Safety:

Hot plate in room 306

Food Safety:

No Issues

Bedrooms:

A lot of food left in room 108 Room 101 sink is cracked

