

Atlas House  
Deerpark road  
Killarney  
Co. Kerry  
16.07.2019

Re: Inspection 20.06.2019

Dear Bernie,

In response to the recent QTS independent audit in this centre, I have read over the report and the following action has been taken.

- Rooms 33 aired and de-cluttered, resident offered storage extra space.

Yours faithfully,



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Jamie Carnegie  
Managing director.





Áisneacht Fháilte agus Comhtháite  
Reception and Integration Agency

Mr. Jamie Carnegie  
OFM  
Laccamore  
Abbeydorney  
Tralee  
Co. Kerry

8<sup>th</sup> July 2019

Dear Mr. Carnegie,

QTS on behalf of The Reception and Integration Agency carried out an inspection at **Atlas House, Killarney** on *20<sup>th</sup> June 2019*. A copy of the report is enclosed for your information.

Please read this report in detail and do not hesitate to contact me if it contains any discrepancies.

During the course of the inspection, a number of issues were highlighted and you are required to deal with any hazards or risks detailed in this report immediately.

Please reply in writing on or before *29<sup>th</sup> July 2019* outlining the steps you have taken/propose to take to address each of the issues raised.

Yours sincerely,

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Bernadette Loughrey.  
Reception and Integration Agency



# RIA

## Independent Inspection Report

<b>Centre:</b>	<b>Atlas Killarney</b>
<b>Inspector:</b>	<b>Shane Mac Loughlin</b>
<b>Date of Inspection:</b>	<b>20/6/19</b>
<b>Time of Arrival &amp; Departure:</b>	<b>15.30-18.00</b>

*Part 1*  
*General Information on Services*

**Independent Inspection Report**

*Centre:* **Atlas Killarney**

*Date of Inspection:* **20/6/19**

**1. CENTRE DETAILS**

Name and address of Centre	Atlas House Killarney Co. Kerry
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Contractor	OFM
Manager	Gerardette Milligan
Who deputises for manager in his/her absence?	Give Job Title only Assistant manager / Receptionist

Telephone Number	064 6633559
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Current Contracted Capacity	90
Current Occupancy (today)	86
Current Centre Profile (e.g., singles, families etc.)	Families/Single Female

HSE Area	South West
Public Health Nurse	Mary O Connor
DSP / CWO name	Theresa O Gorman
Environmental Health Officer name	Anne Hussey
Local Fire Officer Name	Padraig Mangan
Local Fire Station	Killarney

Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, please give details:		
What was the date of the last certification?		
Have you a copy of the Certification	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**2. Please provide a copy of the following**

	Check List
Official Register	x
Menu Cycle	x
Staffing Lists as follows:	
1. Full list of staff employed at the centre (indicating Names, Titles, Roles, etc.,)	x
2. Indicate who is on duty at time of inspection (today)	x
3. a separate list of Designated Liaison Persons (child protection)	x

### 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	<b>Security 8pm to 8 am</b>
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	<b>Internal OFM Staff</b>
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service RIA out of hours number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  If no, give details:
Are first aid kits available? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where and how many?	<b>3 between kitchen and reception</b>
Who is responsible for first aid restocking?	<i>Job title <b>only</b> (not name) of person responsible:</i> <b>Manager</b>
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?	<b>Electric</b>
Do residents have control of the heating in their own bedroom?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, what arrangements are in place?	
What are the heating 'ON' times?	<b>Electric heating available 24/7 controlled (on/off) in resident room</b>

### 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?	<b>On arrival induction with Manager. RIA booklet</b>



## 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	<b>Door is locked in evening time at security on duty (locked at 10pm)</b>
Are there procedures to allow residents to receive visitors? (Give details)	<b>Yes</b>
Outline visiting times :	<b>10am to 10pm</b>
In what areas are visitors allowed in the centre?	<b>Reception lobby and tv lounge</b>
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	<b>In own rooms only</b>
What toiletries are provided to residents on arrival?	<b>Soap, shampoo, toothpaste, toilet paper</b>
What arrangements are in place to replenish these items?	<b>Go to manager – checked also monthly</b>

## 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:	<b>Log in managers office for maintenance to do etc.</b>

## 8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	<b>Yes – all staff issued Child Protection Policy and signs off.</b>
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	<b>Yes</b>
Where is declaration held?	<b>Office</b>
Is there a sign in book for visitors? Where?	<b>Yes – reception desk</b>
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	<b>Yes – in dining room, stairwell lobby and main reception corridors</b>
Have Designated Liaison Persons received HSE training?	<b>Yes</b>
Are notices prominently displayed regarding parental supervision of children? Where?	<b>Yes in Dining room and reception notice boards</b>

## 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:	<b>26/7/18 – no issues</b>

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Chef openly meets with residents
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> <li>• Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other?</li> <li>• Drinks? Juice? Water?</li> <li>• Yogurt?</li> <li>• Fruit?</li> <li>• Other</li> </ul>	Selection of fruit and juices everyday with yogurt drink once a week.  Residents have dining room set out for them every school morning with bread , ham, chicken, cheese, salads and butter/spread
Is infant formula kept out of public view?	yes
What arrangements are in place for distribution of infant formula?	Issued by manager and recorded on issue log.

### 11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes x No <input type="checkbox"/>
What food/snacks are available after hours or when kitchen is closed?	Fruit, Bread, coffee, tea and milk
Where are the snacks located and how are they accessed?	Dining room
Are meals available for residents who arrive late? (Give details.)	Yes x No <input type="checkbox"/> Meal left covered for re-heating once notified
Are meals available for new arrivals? (Give details)	Yes on arrival if outside main meal times , meals will have been set aside from previous service.
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes x No <input type="checkbox"/> Sandwich, juice/water and fruit
<b>If the inspection takes place during Ramadan this section must be completed.</b> What arrangements are in place to facilitate residents observing a fast during Ramadan?	n/a

### 12 FACILITIES FOR FEEDING BABIES

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

Where?	Dining room
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### 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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
Snooker Table	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Pool Table	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Table Tennis Table	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Board Games	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Newspapers	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Books	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Toys / games for children	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Other				
Give details of any other arrangement or other comments:	<b>Nice safe and secure play area with soft rubber matting outside and an indoor playroom with Disney style murals on walls.</b>			

### 14 TRANSPORT ARRANGEMENTS

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

### 15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Satellite TV channels available</b>
An average, how many TV channels are provided to residents?	<b>6 saorview and 50+ others</b>
Are residents allowed to erect satellite dishes?	<b>No</b>

### 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)	<b>Residents (6 washers / 4 dryers)</b>
What procedures are in place for the exchange of towels and bed linen at the centre?	<b>On request with manger</b>
What procedures are in place for ironing boards and irons?	<b>Available from laundry both irons and ironing boards</b>
How is washing powder / tablets supplied?	<b>Washing machines on automatic dosing</b>

Are there specific arrangements for access to the laundry (give details):	<b>Open from 8am to 10pm</b>
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**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?	<b>Cif/Toilet cleaner/Vacuum/Mops and brushes</b>
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	<b>Request them from managers office</b>
What arrangements are in place if rooms are not cleaned sufficiently by residents?	<b>Manager speaks to resident and if necessary assistance provided</b>

## *PART 2*

### *Room by Room Inspection*

#### **Independent Inspection**

*Centre: Atlas House Killarney*

*Date of Inspection: 20/6/19*

## Section A- Administration / Communal areas

### 17 Have you seen the following?

		Location of display
Up to date House Rules	x	Dining room and lobby
Complaint Forms	x	Stairwell lobby beside reception
Accident/ Incident procedure	x	Mangers office

HSE Breastfeeding Posters (if applicable)	x	Dining room and lobby
Designated Liaison Person details (Child Protection)	x	Dining room and lobby
Supervision of children notice	x	Dining room and lobby
Gym Notices (Child Safety – if applicable)	x	Gym door
IOM Voluntary Return Posters	x	Stairwell lobby beside reception

### 18 Staff Awareness

Did you see the RIA Code of Practice*?	x
Are all staff aware of RIA Code & House Rules?	x
How are staff made aware of RIA Code & House Rules? Training session by manager 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>
19/6/19	Internal security	Ok
7/6/19	NEL Ltd. – reg Electrician	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
3/6/19	external by Chubb	x			
19/6/19	Internal Security	x			

**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
19/6/19	Internal security	x			
Nov 2018	external by M&K Fire	x			

**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
19/6/19	Internal Security	x			
18/6/19	Internal Security	x			

**19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE**

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
12/11/18 9.30am	7	62/62	5 mins	No issues
5/3/19 9.45am	7	45/45	3 mins	No issues

**\*\*Both numbers must be recorded.****19f STAFF INSTRUCTION AND TRAINING (Fire Safety)**

Job Description	Course	Instructor	Duration	Date
All staff	Fire Safety	M Morley (M&K Fire)	1 day	30.3.15

**19g FIRE ASSEMBLY POINTS**

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

**19h FIRE ALARM SYSTEM**

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

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

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



## Administration Area:

### Reception:

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

### Have you seen the following?

		<b>Location of display</b>
Up to date House Rules	<input checked="" type="checkbox"/>	<b>Dining room / Office</b>
Complaint Forms	<input checked="" type="checkbox"/>	<b>Dining room / Office</b>
Accident/ Incident procedure	<input checked="" type="checkbox"/>	<b>Managers office</b>

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	<b>Dining room</b>
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	<b>Dining room / Office</b>
Supervision of children notice	<input checked="" type="checkbox"/>	<b>Dining room</b>
Gym Notices (Child Safety – if applicable)	<input checked="" type="checkbox"/>	<b>Gym door</b>

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

### Social Room / Tea Station (State Location):

What facilities are provided? <b>Dining room, tv lounge and upstairs kitchenette</b>
Is the area generally clean? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no please give details:
<i>Visual Check: Have you noticed any issues requiring attention?</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes please detail:

### Pre-school Room:

Is the area generally clean? Yes <input checked="" type="checkbox"/>
If no please give details:
<i>Visual Check: Have you noticed any issues requiring attention?</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (observe whether the area is colourful, has sufficient toys, changing areas, toilets in working order, etc)
Other comments: <b>Well maintained. Very nicely painted with cartoons and Disney characters</b>

**DINING AREA:**

Please outline the meal times:

	From	To
<b>Breakfast</b>	7.30	9.30
<b>Lunch</b>	12.30	14.00
<b>Dinner</b>	17.30	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:

<b>Breakfast</b>	
<b>Lunch</b>	
<b>Dinner</b>	

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:

**Daily Menu matched menu cycle, however days of dishes may change on request of residents**

Which meal was sampled?	Dinner
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Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.)

**Roast Beef & Lamb Stew – food is of a high standard, very tasty**

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"/>
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Give details of this option:	<b>Jallefrei Rice and mixed Vegetables</b>
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Were there ethnic dishes available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Give details of this option:	<b>Jallefrei Rice</b>
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Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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In your opinion, does the food on offer appear to provide a good variety?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Did inspection take place during Ramadan?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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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"/>
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Is there enough seating for residents present to sit down and eat their lunch?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Comments: **Food, service and hygiene all to a very good standard.**

## KITCHEN AREA: Food Safety Critical Requirements

### FOOD SAFETY

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	26/7/18
Comments:	No issues

Has a HACCP system been implemented?	Yes
Who designed the HACCP system?	OFM
Who is responsible for reviewing the system?	Chef
How frequently is the system reviewed?	Not determined

### HACCP Records:

<b>Pest Control:</b> Alphasan Pest Control Ltd. Bait points serviced minimum 8 times per year – no activity noted in past recent inactions.
<b>Induction and Ongoing Staff Training:</b> HACCP training has been provided to all kitchen staff, training records viewed in employee file. Full training matrix in place for all staff.
<b>Time &amp; Temperature Records: As part of HACCP plan,</b> Cooking, re-heating, service temperatures are taken at each service. Food server temperature taken also. Fridge & Freezer temperatures taken twice daily as food delivery and food storage.
<b>Hygiene Audits:</b> None recorded but cleaning logs available. Weekly deep clean takes place on Wednesday, Cleaning audits need to be signed by management at the end of each week.
<b>List of Approved Suppliers:</b> Detailed list of approved suppliers in place.
<b>Cleaning Schedules:</b> Daily/weekly cleaning registers in place, checked by Head Chef on a daily/weekly basis, separate server and kitchen cleaning registers.
<b>Procedures for accepting deliveries:</b> 12 point HACCP control point system and acceptance of delivery process in place.
<b>General Comments:</b> Very clean kitchen and well maintained. Excellent HACCP system in place.

## HACCP and Kitchen Evaluation

### General

<b>Is the kitchen commercial or domestic?</b>	Commercial.
<b>What equipment is in place?</b>	Convie Oven, 6 ring gas burner, deep fryer, commercial microwave, commercial mixer, milk dispenser, commercial dishwasher, separate metal worktops for cooked meat, raw meat and vegetables.
<b>In what condition is the equipment?</b>	New fridges in place
<b>Comments:</b>	

## Structural Hygiene

### Kitchen:

<b>Is the refuse area suitably located?</b>	Yes,
<b>Is the area tidy?</b>	Yes
<b>Are all bins covered?</b>	Yes
<b>Are signs displayed at all entrances in relation to access to kitchen for non kitchen staff?</b>	Yes.
<b>Are white coats, shoe covers and hats available for non kitchen staff?</b>	Yes
<b>Comment of the structural hygiene of the kitchen (i.e. floors/walls/ceilings/doors/windows/work surfaces/ventilation, etc):</b>	
Good standard of hygiene maintained within the kitchen.	
<b>Are suitable hand washing and drying facilities provided?</b>	Yes, two hand washing facilities in place.
<b>General Comments:</b>	

## Structural Hygiene cont

### Dry Goods

<b>Suitably equipped? <i>Shelving/containers etc</i></b>	Yes, separate dry goods storage room.
<b>Condition and suitability of facilities:</b>	Suitable shelving area is provided. All items clearly displayed and shelving kept in a clean state.
<b>What evidence is there of stock rotation?</b>	All stock within expiry dates.

### Refrigerated Storage

<b>What type of refrigerated storage is provided?</b>	Free standing commercial refrigerators and chest freezers.
<b>Comment on the condition and suitability of the refrigerated storage:</b>	Two commercial refrigerators , old fridges have been replaced.  Freezers for separate storage of raw meats and breads/processed vegetables and dairy.
<b>Are thermostats provided and in working order?</b>	Yes, all in good working order.
<b>Are food items date stamped?</b>	Yes.
<b>Are samples of dishes being kept?</b>	Yes, kept in refrigerated display unit in service area.

### Other

<b>Is there appropriate storage for cleaning agents and chemicals?</b>	Yes, separate locked
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## Operational Hygiene

<b>Do residents use the main kitchen?</b>	No
<b>Is that use supervised to ensure safe &amp; hygienic practices are observed?</b>	N/A
<b>By whom is it supervised?</b>	N/A

<b>Is the correct equipment provided? e.g. colour coded chopping boards</b>
Yes, colour coded chopping boards and knives are used for separate food preparation areas. Colour notices on display advising of which equipment to use.

<b>Is the necessary holding equipment provided? e.g. bain maries, refrigerated units</b>
Bain marie and refrigerated display unit provided in service area. Both units are clean and well maintained.

<b>Condition and suitability of serving equipment and utensils:</b>
All serving equipment and utensils are clean and well maintained.

<b>What procedures are in place for unused/unserved food at the end of service?</b>
Food waste is disposed of after every service. Uncontaminated Food which can be saved and cooled within time controls, such as rice, is recycled correctly to reduce food waste

<b>Comments:</b>

## Staff Facilities and Hygiene

<b>Are designated staff facilities provided?</b>	Yes.
<b>What facilities are in place?</b>	staff locker room and toilets in place.

<b>Are all areas clean and well maintained?</b>	Yes. All areas are regularly cleaned and are in a good condition.
<b>Are suitable hand washing &amp; drying facilities provided?</b>	Yes, hand washing facilities in both toilet areas.
<b>Is storage provided for personal belongings?</b>	Yes, lockers are provided.
<b>Are showers provided? <i>indicate cleanliness &amp; suitability</i></b>	No.

<b>Is a designated area provided for staff breaks? <i>If yes, is it clean/suitable/well maintained</i></b> <i>If no, outline arrangements for breaks</i>	No, dining room used for staff breaks also.
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<b>Are uniforms provided for:</b>	
<b>Kitchen Staff?</b>	Yes, uniforms, hats and aprons are provided.
<b>Serving Staff?</b>	Yes, uniforms, hats and aprons are provided.

<b>Are uniforms clean and in good condition? <i>(to include caps/hairnets/closed heel/toe shoes etc)</i></b>	Appropriate uniforms, hats, hairnets are provided. Appropriate shoes are also worn.
<b>Is personal grooming satisfactory?</b>	Yes.
<b>Are safe habits practiced?</b>	Yes, use of serving equipment, and use of gloves are practiced.
<b>General Comments on staff facilities:</b>	

**23 PUBLIC TOILET (State Location):**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Unisex:						
Ladies:	1	x	x	x	x	x
Gents:	1	x	x	x	x	
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					Not noted	
Are all facilities working?					Yes <input checked="" type="checkbox"/>	No
<i>Visual Check:</i> Have you noticed any issues requiring attention?					Yes	No <input checked="" type="checkbox"/>
If No, give details:						

**24 COMMUNAL ROOM (State Location):**down from reception on right hand side

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

**OUTDOOR GROUNDS / FACILITIES**

Please rate the following

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



**LAUNDRY ROOM**

	Washing Machines	Dryers
Number	6	4
Do they appear to be in working order?	yes	

**CORRIDOR all corridors are maintained exceptionally well**

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

**STAIRWAY all stairwells are clean and kept clear**

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

## Bedrooms:

### CLEANING (General Arrangements)

How often are bedrooms inspected?	twice weekly <input type="checkbox"/>	Weekly <input checked="" type="checkbox"/>
Who cleans the bedrooms?	Staff <input type="checkbox"/>	Residents <input checked="" type="checkbox"/>
How often do staff clean the bedrooms?	Weekly <input type="checkbox"/>	fortnightly <input type="checkbox"/>
	Monthly <input type="checkbox"/>	Other <input checked="" type="checkbox"/>
Are there cleaning materials and equipment provided by management for residents?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
What cleaning equipment is available to residents?	Mops, brushes, toilet cleaner, vacuum etc	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Management will work with resident and if necessary get housekeeping to assist in cleaning.	

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

<b>ROOM NUMBER 4</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details: <b>Dedicated bathroom adjacent to room</b>				

<b>ROOM NUMBER 5</b>				
Room Profile: single female		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X note below	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes X No * <input type="checkbox"/>				
If *, please give details: <b>Dedicated bathroom adjacent to room</b>				

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

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

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

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

<b>ROOM NUMBER 10</b>				
Room Profile: Single Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x note below	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details: <b>Dedicated bathroom adjacent to room</b>				

<b>ROOM NUMBER 11</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x note below	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details: <b>Dedicated bathroom adjacent to room</b>				

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

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

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

<b>ROOM NUMBER 15</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X note below	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details: <b>Dedicated bathroom adjacent to room</b>				

<b>ROOM NUMBER 16</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
X	X note below	<input type="checkbox"/>	X	X
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details: <b>Dedicated bathroom adjacent to room</b>				

<b>ROOM NUMBER 17</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X note below	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details: <b>Dedicated bathroom adjacent to room</b>				

<b>ROOM NUMBER 18</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 19</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X note below	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details: <b>Dedicated bathroom adjacent to room</b>				

RM 20 used as a Store room

<b>ROOM NUMBER 21 &amp; 22 joined</b>				
Room Profile: Family Rooms		Room Capacity:		Room Occupancy:
		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 23				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details:				

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

ROOM NUMBER 25				
Room Profile: Single female		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x note below	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details: <b>Dedicated bathroom adjacent to room</b>				

ROOM NUMBER 26				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x note below	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details: <b>Dedicated bathroom adjacent to room</b>				

<b>ROOM NUMBER 27</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X note below	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details: <b>Dedicated bathroom adjacent to room</b>				
<b>ROOM NUMBER 28</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X note below	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details: <b>Dedicated bathroom adjacent to room</b>				

<b>ROOM NUMBER 29</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details:				

<b>ROOM NUMBER 40</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes x No * <input type="checkbox"/>				
If *, please give details: <b>Dedicated bathroom adjacent to room</b>				



<b>ROOM NUMBER 30</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 31</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 32</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 33</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
				x
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details: <b>Very strong pungent smell in room.</b>				

<b>ROOM NUMBER 34</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 35</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 36</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 37</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	x	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes x	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 38</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

<b>ROOM NUMBER 39</b>				
Room Profile: Family Room		Room Capacity:		Room Occupancy:
		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
x	X	<input type="checkbox"/>	x	x
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes X	No * <input type="checkbox"/>
If *, please give details:				

## General Representations

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

N/a

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

N/A

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

N/A

**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

<b>Name of Centre:</b>	Atlas House
<b>Address:</b>	Killarney
<b>Contractor :</b>	OFM
<b>Manager:</b>	Gerardette Milligan
<b>Contact Name:</b>	Geradette Milligan
<b>Capacity Per MOA (Current Occupancy):</b>	90 (86)
<b>Date of Inspection:</b>	20/6/19

Fire Safety:  
No issues

Food Safety:  
No issues

Bedrooms:  
Room 33 has a pungent stale smell.

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