

RIA

Inspection Report

Centre:	Atlas House, Tralee
RIA Inspector:	Ruth Dillon
Date of Inspection:	15 March 2018
Time of Arrival & Departure:	12 .15 – 14.45

Part 1

General Information on Services

Centre: **Atlas House Tralee**

Date of Inspection: **15 March 2018**

1. CENTRE DETAILS

Name and address of Centre	Atlas House, McCowan's Lane, Tralee, Co Kerry
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Contractor	Onsite Facilities Management Ltd
Manager	James Barry
Who deputises for manager in his/her absence?	Give Job Title only Manager from another centre in the same company

Telephone Number	066 7126299
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Current Contracted Capacity	100
Current Occupancy (today)	100
Current Centre Profile (e.g., singles, families etc.)	Single males

HSE Area	Southern Area
Public Health Nurse	Kate Delaney
DSP / CWO name	Nora Deane
Environmental Health Officer name	Fiona Donovan
Local Fire Officer Name	V. Hussey
Local Fire Station	Tralee

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

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	Security in place working a 24 roster
Is security provided by external company? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service RIA out of hours number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, give details:
Are first aid kits available? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where and how many?	3 – 1 x kitchen, 1 x reception and 1 x manager's office
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: Manager
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	Electric central heating
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?	Available on demand

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?	Residents are issued with rules on initial arrival which they sign acknowledgement receipt for.

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	Buzzer access for front door
Are there procedures to allow residents to receive visitors? (Give details)	Visitors log in reception
Outline visiting times :	10 am to 10 pm
In what areas are visitors allowed in the centre?	Communal areas only
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	No, storage available in own rooms
What toiletries are provided to residents on arrival?	Shampoo, soap, toilet paper, toothbrush & toothpaste.
What arrangements are in place to replenish these items?	Replenished on request

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: Residents notify reception of any maintenance issues.	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	N/A - No children resident on site
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	N/A
Where is declaration held?	N/A
Is there a sign in book for visitors? Where?	N/A
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	N/A
Have Designated Liaison Persons received HSE training?	N/A
Are notices prominently displayed regarding parental supervision of children? Where?	N/A

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 of Environmental Health Officer:	24/4/17

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Yes - food is a constant topic at the residents' meetings which are held monthly
Provide details opposite: Which of the following are provided for school children's packed lunches: <ul style="list-style-type: none"> • Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other? • Drinks? Juice? Water? • Yogurt? • Fruit? • Other 	Please also provide details of the system for distribution of school lunches:
Is infant formula kept out of public view?	N/A - No children resident
What arrangements are in place for distribution of infant formula?	N/A

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What food/snacks are available after hours or when kitchen is closed?	Tea, coffee and toaster for bread available. Residents can also store food in the communal fridges in the recreation room.
Where are the snacks located and how are they accessed?	Dining room and recreation room open 24/7 apart from when they are being cleaned.
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Meals will be kept if prior notification received
Are meals available for new arrivals? (Give details)	Meals will be kept if prior notification received
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Sandwiches, fruit & juice provided, if required.
If the inspection takes place during Ramadan this section <u>must</u> be completed. What arrangements are in place to facilitate residents observing a fast during Ramadan?	No

12 FACILITIES FOR FEEDING BABIES

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

13 INDOOR FACILITIES

Are the following available to residents?	Yes/No	
Computers with Internet access	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
WIFI	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
DVD player	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Computer Games	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Snooker Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Pool Table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Table Tennis Table	Yes <input 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
Other	Gym with exercise bikes, treadmills and weights	
Give details of any other arrangement or other comments:		

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?	Centre located in the centre of the town
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"/>
An average, how many TV channels are provided to residents?	40 terrestrial channels and Sky TV
Are residents allowed to erect satellite dishes?	No

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	Residents and housekeeping staff.
What procedures are in place for the exchange of towels and bed linen at the centre?	Changed at residents' own discretion
What procedures are in place for ironing boards and irons?	Available from reception
How is washing powder / tablets supplied?	No, automatic dispenser on each machine
Are there specific arrangements for access to the laundry (give details):	Laundry open 10:00 an – 10:00 pm

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?	Vacuum cleaner, brushes, polish, sanitisers, toilet cleaner and air fresheners
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Available from reception
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Discussion held between resident and manager as to cleaning requirements. Staff will provide assistance, if required.

PART 2

Room by Room Inspection

Centre: Atlas House Tralee

Date of Inspection: 15 March 2018

Section A- Administration / Communal areas

Have you seen the following?

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

HSE Breastfeeding Posters (if applicable)	<input type="checkbox"/>	N/A
Designated Liaison Person details (Child Protection)	<input type="checkbox"/>	N/A
Supervision of children notice	<input type="checkbox"/>	N/A
Gym Notices (Child Safety – if applicable)	<input type="checkbox"/>	N/A

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

Staff Awareness

Did you see the RIA Code of Practice*?	<input checked="" type="checkbox"/>
Are all staff aware of RIA Code & House Rules?	<input checked="" type="checkbox"/>
How are staff made aware of RIA Code & House Rules? There is an induction course for staff. Staff also undergo refresher training in HACCP and fire safety procedures.	

**A Code of Practice for persons working in accommodation centres*

FIRE SAFETY

You should record the last 2 entries on the fire register for each of the following sections:

EMERGENCY LIGHTING INSPECTION SCHEDULE

<u>Date</u>	<u>Inspected By</u> (Company Name / Position)	<u>Comments</u>
7/2/2018	Em- Con Systems	Quarterly maintenance checks
2/3/18	Staff	Ok
8/3/18	Staff	ok

Daily checks by staff and fire register updated weekly

FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
21/11/17	Chubb	<input checked="" type="checkbox"/>	3 month service	No	Yes
14/3/18	Staff	<input checked="" type="checkbox"/>	Ok	No	Yes
15/3/18	Staff	<input checked="" type="checkbox"/>	Ok	No	Yes

Twice daily checks by staff

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
November 2017	M&K			Annual maintenance	ongoing
15/3/18	Staff	<input checked="" type="checkbox"/>	Ok	No	Yes
14/3/18	Staff	<input checked="" type="checkbox"/>	Ok	No	Yes

Twice daily checks by staff

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
14/3/18	Security staff	<input checked="" type="checkbox"/>	No	No	Yes
15/3/18	Security staff	<input checked="" type="checkbox"/>	No	No	Yes

Twice daily checks by staff

FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
18/9/17 16.15	3	80	8 mins	Good response
16/05/2017 14:10	3	74/74	6 mins	No problems.

STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
12 staff	Fire extinguisher training	M & K Fire Defence Ltd.	1/2 day	16/09/2014
18 staff	Fire extinguisher training	M & K Fire Defence Ltd.	1/2 day	30/03/2015

FIRE EXITS, EMERGENCY LIGHTING, SMOKE ALARMS, FIRE NOTICES

(in corridors & common areas)

Are fire exits clear from obstruction?	Yes
Are they unlocked?	Yes
Are fire exits clearly posted throughout the building?	Yes
Are all fire doors kept closed?	Yes
Comments:	

Administration Area:

Reception:

Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
Visual Check: Have you noticed any issues requiring attention? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail: 2 computers with internet access in reception area for residents' use.		
Reception area recently repainted		

Gym:

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

Manager's office:

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

PUBLIC TOILET (State Location): Ground floor

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Ladies:	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gents:	1 toilet/ 2 urinals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a cleaning schedule displayed? Record the last time entry					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is the area clean? (provide comment) Area was clean and tidy						
Are all facilities working?					Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
Visual Check: Have you noticed any issues requiring attention?					Yes* <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:						

Staff changing room:

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

CORRIDOR - beside manager's office

Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details :		
Visual Check: Have you noticed any issues requiring attention?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail: The residents have personal lockers in this corridor for storing their belongings. There is a security camera covering these to ensure residents' belongings are kept safe.		

Communal room:

Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
Visual Check: Have you noticed any issues requiring attention? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes please detail: Area was clean and tidy		
Room has a pool table, football table, board games, play station and Sky TV. Kitchen for residents comprising sink, microwave, kettle, toaster, fridge tea and coffee facilities etc.		

OUTDOOR GROUNDS / FACILITIES

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/> No <input type="checkbox"/> N/A				
Comments				

DINING AREA:

Please outline the meal times:

	From	To
Breakfast	08:00am	9.30am
Lunch	12:30pm	2:00pm
Dinner	5:00pm	6.30pm

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

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

Breakfast	
Lunch	
Dinner	

Is menu cycle on display?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does menu cycle correspond with options available?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If no, ask manager for explanation and provide details:

Slight variations to take into account preferences of residents

Which meal was sampled?	Breakfast <input type="checkbox"/>	Lunch <input checked="" type="checkbox"/>	Dinner <input type="checkbox"/>
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Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.)

Chicken and vegetable stew. Potato wedges

Was there a vegetarian option? (note salad and vegetables alone are not considered as vegetarian option)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Give details of this option:	Pasta/fish
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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:	African okra stew on dinner menu.
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Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A
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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: **Very nice dining area and very clean**

KITCHEN AREA: Food Safety Critical Requirements

Is there a dress code for kitchen and server staff

Please outline: Yes - Apron and hat

Has the manager shown you HACCP Certificates for chefs?	<input checked="" type="checkbox"/>
Was the fridge temperature showing as being between 1 and 5°C?	<input checked="" type="checkbox"/>
Did you see evidence that the fridge temperature is recorded daily?	<input checked="" type="checkbox"/>
Was the freezer temperature showing as being -18°C or below?	<input checked="" type="checkbox"/>
Did you see evidence that freezer temperature is recorded daily?	<input checked="" type="checkbox"/>
Are dry food stuffs stored on shelving? (all dry goods should be stored off the ground)	<input checked="" type="checkbox"/>
Has it been demonstrated to you that cooked food is at a temperature above 72°C?	<input checked="" type="checkbox"/>
Is the temperature recorded for all food services (lunch & dinner)	<input checked="" type="checkbox"/>
Is there a record of daily cleaning of kitchen, food service and dining areas?	<input checked="" type="checkbox"/>
Have you seen a record of periodic deep clean of all floors, under and behind cookers/fridges etc.?	<input checked="" type="checkbox"/>
Are bins with waste food covered/lidded ?	<input checked="" type="checkbox"/>
Are fly screens present on windows and doors into kitchen?	<input checked="" type="checkbox"/> n/a no windows in kitchen

Where you have not checked boxes above, please provide further details, including any specific corrective actions you may have requested:

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 checked="" 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"/>
	As required	
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?	Cloths, brushes, sprays, toilet cleaner, Hoover, mop.	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Residents are asked if they wish to have their room cleaned. Staff will provide assistance, if necessary.	

STAIRWAY Ground to 1st Floor

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

CORRIDOR 1st Floor

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

LAUNDRY ROOM

	Washing Machines	Dryers
Number	6	4
Do they appear to be in working order? Yes one washing machine out of order		
Comments: Laundry is open from 10:00am - 10:00pm		

ROOM NUMBER 101				
Room Profile:		Room Capacity:	Room Occupancy:	
Shared		2	2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input checked="" type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details				

Bathroom 101-102:

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

ROOM NUMBER 102				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 103				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: light bulb broken				

ROOM NUMBER 104				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: plugs in room are very overloaded, a lot of adaptors in use in the room. Resident says he unplugs them when he leaves the room.				

Bathroom 104:

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

ROOM NUMBER 105 – Room currently in use as a storeroom				
Room Profile:		Room Capacity:		Room Occupancy:
Unoccupied				
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

Kitchenette:

Is the area generally clean?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If no please give details:		
Visual Check: Have you noticed any issues requiring attention? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)		
If yes please detail: Kitchenette has a burco boiler and sink, counter top has burn mark on it.		

ROOM NUMBER 106				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

Bathroom 106:

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

ROOM NUMBER 107				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

Bathroom 107-108:

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

ROOM NUMBER 108				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No* <input checked="" type="checkbox"/>
If *, please give details:				
Fridge sitting on carpet. Adaptor in adaptor				

ROOM NUMBER 109				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

Bathroom 109-110:

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

ROOM NUMBER 110				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: second resident moved to another room recently				

ROOM NUMBER 111				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 112				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details toilet seat broken				

ROOM NUMBER 113				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

Bathroom 113:

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

ROOM NUMBER 114				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: fire notice is missing				

Bathroom 114-115:

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

ROOM NUMBER 115				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 116				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Room very untidy				

ROOM NUMBER 117				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Room very cluttered. Alcohol stored in room				

Bathroom 117-118:

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

ROOM NUMBER 118				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 119				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: room needs airing				

ROOM NUMBER 120				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 121				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details:				

Bathroom 121-122: -

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

ROOM NUMBER 122				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details:				

STAIRWAY 1st to 2nd Floor

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

CORRIDOR 2nd Floor

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

ROOM NUMBER 201				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 202				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If * please give details:				

Bathroom 202-203:

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

ROOM NUMBER 203				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 204				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 205				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

Bathroom 205-206:

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

ROOM NUMBER 206				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

Kitchenette:

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

ROOM NUMBER 207 not inspected mgr unable to open door				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No* <input checked="" type="checkbox"/>
If *, please give details:				

Bathroom 207: not inspected locked

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

ROOM NUMBER 208				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

Bathroom 208-209:

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

ROOM NUMBER 209				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 210				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

Bathroom 210-211:

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

ROOM NUMBER 211				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No* <input checked="" type="checkbox"/>
If *, please give details: Fridge resting directly on carpet; light cover missing				

ROOM NUMBER 212				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 213				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 214				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details: wires across the floor, trip hazard				

Bathroom 214:

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

ROOM NUMBER 215				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details: room very untidy				

Bathroom 215-216: not inspected locked

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

ROOM NUMBER 216				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details: room very cluttered, doorway blocked by luggage				

ROOM NUMBER 217				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 218				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details:				

Bathroom 218-219:

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

ROOM NUMBER 219				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No * <input checked="" type="checkbox"/>				
If *, please give details: window cracked				

ROOM NUMBER 220				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 221				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 222				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details:				

Bathroom 221-222:	
Is the area generally clean?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no please give details: floor very wet, room needs a deep clean	
Visual Check: Have you noticed any issues requiring attention? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	
If yes please detail: floor very wet; walls need a cleaning	

ROOM NUMBER 223				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details:				

STAIRWAY 2nd to 3rd Floor

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

CORRIDOR 3rd Floor

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

ROOM NUMBER 301				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details:				

Bathroom 301:

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

ROOM NUMBER 302 – Currently in use as a storeroom				
Room Profile:		Room Capacity:		Room Occupancy:
Unoccupied				
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 303				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 304				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 305				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No* <input checked="" type="checkbox"/>
If *, please give details: ceiling to be painted				

ROOM NUMBER 306 –Mosque.				
Room Profile:		Room Capacity:		Room Occupancy:
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 307				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No* <input checked="" type="checkbox"/>
If *, please give details: no evacuation notice; room very untidy; toilet seat to be repaired.				

ROOM NUMBER 308				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No* <input checked="" type="checkbox"/>
If *, please give details: shower door to be repaired				

ROOM NUMBER 309				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

ROOM NUMBER 310				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details:				
Evacuation notice missing; wires across the floor.				

ROOM NUMBER 311 – Currently in use as a storeroom				
Room Profile:		Room Capacity:		Room Occupancy:
Unoccupied				
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 312				
Room Profile:		Room Capacity:		Room Occupancy:
Shared		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 313				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>				
If *, please give details:				

ROOM NUMBER 314				
Room Profile:		Room Capacity:		Room Occupancy:
Single		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

Bathroom 313/314	
Is the area generally clean?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no please give details: floor very wet, room needs a clean	
Visual Check: Have you noticed any issues requiring attention? (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes please detail: floor very wet; walls need a cleaning	

General Representations

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

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

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

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

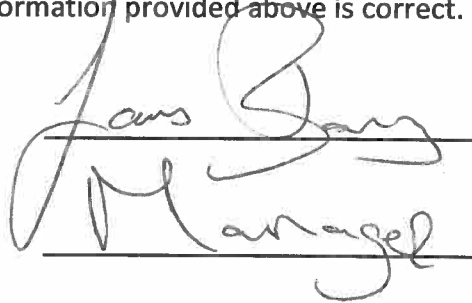
Personal representations should be recorded in Part 3.

Manager should be asked to sign this declaration.

This inspection, by a RIA official, is primarily to examine how the terms of the Contract are being complied with in the centre.

The manager accepts that the person carrying out the inspection is not charged with certifying the centre is in compliance with all fire safety regulations. The manager agrees that the information provided above is correct.

Signed:



Position:

Manager

Date:

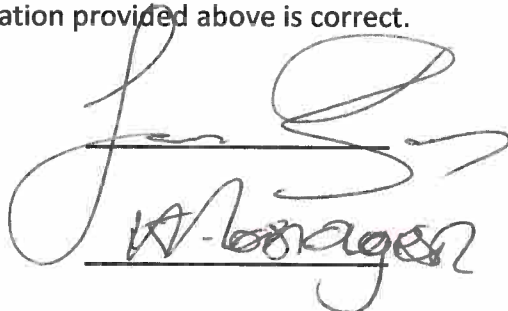
15.08.2010

Manager should be asked to sign this declaration.

This inspection, by a RIA official, is primarily to examine how the terms of the Contract are being complied with in the centre.

The manager accepts that the person carrying out the inspection is not certifying that the centre is in compliance with all food safety regulations. The manager agrees that the information provided above is correct.

Signed:



Position:

Manager

Date:

15.08.2010

Mr. Jamie Carnegie,
OFM,
Laccamore,
Abbeydorney,
Tralee,
Co. Kerry

16th April 2018


Dear Mr. Carnegie,

The Reception and Integration Agency carried out an inspection at Atlas House, Tralee on the 15 March 2018. A copy of the inspection report is enclosed for your attention and I apologise for the delay in forwarding this to you. Please read the report carefully and do not hesitate to contact me if it contains any discrepancies.

A number of issues were identified as requiring attention during the course of the inspection and these are listed in the report.

Please reply in writing, on or before Friday 4th May 2018 outlining the steps you have taken/propose to take to address each of the issues raised.

Yours sincerely,


Bernie Loughrey
Internal Inspection Unit
Reception and Integration Agency

Atlas House
McCowans lane
Tralee
Co. Kerry
18.04.18

Re: Inspection 15.03.2018

Dear Bernie,

The following actions have/are being undertaken,

- Room 103 bulb replaced.
- Rooms 108, 211, 214 & 310 Residents reminded on policy of electrical equipment in rooms and light cover replaced.
- Rooms 112 & 307 toilet seat replaced.
- Rooms 114 & 307, 310 fire notices replaced.
- Rooms 117, 119, 215, 216 & 307 rooms decluttered, residents kindly asked to keep the rooms in an aired and decent condition.
- Room 219 window glass measured and ordered.
- Room 308 shower door repaired.
- Room 305 ceiling painted.
- Bathroom 114-115 new mirror ordered, grout redone.
- Bathrooms 205 & 301 towel rail repaired.
- Bathrooms 218, 221 & 313 walls and ceiling cleaned and painted.

Yours faithfully,



Jamie Carnegie
Managing director.

Atlas House Tralee – Menu Cycle Week 1

Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
Selection of Cereals	Selection of Cereals	Selection of Cereals	Selection of Cereals	Selection of Cereals	Selection of Cereals	Selection of Cereals
Porridge	Porridge	Porridge	Porridge	Porridge	Porridge	Porridge
Boiled Eggs	Boiled Eggs	Boiled Eggs	Boiled Eggs	Boiled Eggs	Boiled Eggs	Boiled Eggs
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Selection of Salads	Selection of Salads	Selection of Salads	Selection of Salads	Selection of Salads	Selection of Salads	Selection of Salads
Selection of Fruits	Selection of Fruits	Selection of Fruits	Selection of Fruits	Selection of Fruits	Selection of Fruits	Selection of Fruits
Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day
Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food
Roast Turkey Baguettes	BBQ Chicken Wings	Chilli Con Carne	Chicken Burger	Chicken Stew & White Rice	Turkey Stir Fry	Chicken Kebabs
Beef Sausages	Vegeterian Samosas	Southern Fried Chicken Goujons	Savoury Rice	Chicken Sausages	Batter Cod	Beef Lasagne
Vegetarian Quiche	Gingerly Butternut Sq & Sweet Potato	Mixed Bean Curry	Potato & Spinach Frittata	Creamy Mushroom Pasta	Vegetarian Noodles	Tofu with peanut Butter & Ginger Sauce
Potato Cubes	Chips	Wedges	Potato Crokets	Potato Cubes	Plain Fries	Homemade Potato Wedges
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day
Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food
Irish Beef Stew	Sauté Chicken Hearts & caramelised Onions	Irish Lamb Stew	Chicken Biryani	Roast Chicken Legs with Veg Mustard & Tarragon Sauce	Baked Mackerel	African Okra Stew
Spiced Chicken Legs	Roast Haddock	Chicken Drumsticks & Vegetables	Roast Beef		Nigerian Meat Pies	Yam
Roast Vegetables	Veg Pasta Carbonara	Vegetarian Pie	Potato Gratin	Sweet potatoes & Vegetables	Jollof Rice & Vegetables	Honey Roast Vegetables
Masch Potatoes	Basmmatti	Irish Champ	Plain Rice	Spicy Beef & Peanut Stew with Chickpeas	Potato Noisettes	Lamb Stew
White Rice		Rice		Scallion Rice		
Sweetcorn	Green Beans	Peas	Green Beans	Broccoli	Carrots	Basmati Rice
Croissants	Custard	Apple Pie	Muffins	Mix Yogurts	Fruit Scones	Victoria Sponge Cake

Atlas House Tralee – Menu Cycle Week 2

Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
Selection of Cereals	Selection of Cereals	Selection of Cereals	Selection of Cereals	Selection of Cereals	Selection of Cereals	Selection of Cereals
Porridge	Porridge	Porridge	Porridge	Porridge	Porridge	Porridge
Boiled Eggs	Boiled Eggs	Boiled Eggs	Boiled Eggs	Boiled Eggs	Boiled Eggs	Boiled Eggs
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Selection of Salads	Selection of Salads	Selection of Salads	Selection of Salads	Selection of Salads	Selection of Salads	Selection of Salads
Selection of Fruits	Selection of Fruits	Selection of Fruits	Selection of Fruits	Selection of Fruits	Selection of Fruits	Selection of Fruits
Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day
Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food
Chicken Mushroom Pies	Chicken Curry & White Rice	Homemade Beef Burgers	Chicken & Mushroom Vol-au-vaunts	Chicken Sausages & bean casserole	BBQ Chicken Pieces	Beef Lasagne
Chicken Bacon & Leek Pies	Beef Sausages	Chicken Nuggets	Sweet Chilli & Chickpea Sauce	Pasta Carbonara	Shepard's Pie	Chicken Burgers
Cheese & Tomato Pizza	Vegetarian Pasta	Vegetarian Noodles	Vegetable Samosas	Veggie Burger	Farfalle Pasta with onion & carrot	Vegetarian Omelette
Potato Croquettes	Wedges	Chips	Potato Cubes	Chips	Homemade Potato Wedges	Hash Browns
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day
Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food	Puree Baby Food
Chicken Lentil Curry	Minced Beef Stew	Baked Mackerel	Roast Chicken	Haddock & Dill Sauce	Beef Bolognaise	Roast Turkey & Gravy
Beef Tongue	Honey Mustard Chicken	African Sugar Bean Stew	African Black Stew	Bangladesh Lamb Stew	African Okra Stew	Meatballs
Sauté Onions & Mushrooms	Vegeterian Cous Cous	Chakalaka	Carrots, Courgettes & Cauliflower Stir Fry	Savoury Rice	Spaghetti & Vegetables	Rosemary Roasted Potatoes & Veg
Basmati Rice	Jacket Potatoes	Fried Rice	Baby Potatoes	Roasted Veg & herbs	Fried Plantain	Mushroom Sauce
Sweetcorn	White Rice	Butternut squash	Long Grain Rice	Broccoli	Carrots	Basmati
Pancakes	Custard	Apple Pie	Green Beans	Ice-cream Selection	Fruit Scones	Carrot & Parsnip
			Muffins			Victoria Sponge Cake