

RIA

Inspection Report

Centre:	Mosney
RIA Inspector:	Ruth Dillon
Date of Inspection:	3 April 2018
Time of Arrival & Departure:	9.30 - 15.30 (Inspected a section of the Housing Units)

Part 1
General Information on Services

Centre: **Mosney**

Date of Inspection: **3 April 2018**

1. CENTRE DETAILS

Name and address of Centre	Mosney Accommodation Centre, Mosney, Co. Meath
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Contractor	Phelim McCloskey
Manager	Pat McKenna
Who deputises for manager in his/her absence?	Give Job Title only Admin/Registration Manager

Telephone Number	041 9829200
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Current Contracted Capacity	800 (RIA 600 IRPP 200)
Current Occupancy (today)	793
Current Centre Profile (e.g., singles, families etc.)	Families & Singles

HSE Area	North East
Public Health Nurse	Gráinne O'Sullivan
DSP / CWO name	Martin O'Neill
Environmental Health Officer name	Aisling Ryan
Local Fire Officer Name	Barry Quinn
Local Fire Station	Navan

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

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service RIA out of hours number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, give details:
Are first aid kits available? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where and how many?	6 - Visitors entrance, Medical Centre, Maintenance Workshop, Accommodation Office, Launderette and Food Hall
Who is responsible for first aid restocking?	Job title <u>only</u> (not name) of person responsible: Safety Officer
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?	Electricity
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?	As Required

5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
How does centre management explain house rules to residents on arrival?	House rules are explained to new residents by the Accommodation Manager

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

Are residents issued with key for their bedroom?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, give details	
Are there procedures to allow residents to receive visitors? (Give details)	Yes
Outline visiting times :	10am – 10pm
In what areas are visitors allowed in the centre?	Visitors are allowed into resident's houses during these times.
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	In the resident's own house.
What toiletries are provided to residents on arrival?	Shampoo, shower gel, toilet rolls, soap.
What arrangements are in place to replenish these items?	Replenish from new Food hall

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: Issues are recorded at Accommodation Office and are dealt with by Mosney maintenance personnel.	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	Yes – staff and visitors informed of the policy on arrival.
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	Yes
Where is declaration held?	Visitors entrance, then it is transferred to inspection room.
Is there a sign in book for visitors? Where?	Yes at the visitors entrance.
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	Yes – Accommodation Office, Reception, Visitors Entrance and Launderette.
Have Designated Liaison Persons received HSE training?	Yes
Are notices prominently displayed regarding parental supervision of children? Where?	Yes – Dining Room, Accommodation Office, Reception and Launderette.

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: July 2017 Also Audit by Food Safety Solutions 20 March 2018	

10 ARRANGEMENTS FOR Late Arrivals To Centre

Is a welcome food pack available	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What does it contain	

11 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 type="checkbox"/>	No <input type="checkbox"/>	own home
Computer Games	Yes <input type="checkbox"/>	No <input type="checkbox"/>	own home
Snooker Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Pool Table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Table Tennis Table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Board Games	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	play room
Newspapers	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Books	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Learning centre
Toys / games for children	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	pre school & play room
Other			
Give details of any other arrangement or other comments:			

12 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where does the service go to?	Drogheda Dublin once a month
What is the frequency of the service? (List time table opposite)	6 return journeys to Drogheda each day. Running 08:45 to 16:45 last Return.

13 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 5 large satellite dishes.
An average, how many TV channels are provided to residents?	12 channels and most residents have their own satellite dishes.

Are residents allowed to erect satellite dishes?	Yes, but certain guidelines apply to ensure safety.
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14 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
What procedures are in place for the exchange of towels and bed linen at the centre?	As required, each resident is provided with a spare set.
What procedures are in place for ironing boards and irons?	Residents have ironing boards and irons in their own houses.
How is washing powder / tablets supplied?	Supplied as required in the launderette.
Are there specific arrangements for access to the laundry (give details):	Daily – Monday to Friday Half day Saturday

15 CLEANING (General Arrangements)

What arrangements are in place to provide cleaning Products:	
What cleaning equipment is available to residents?	Vacuum cleaner, mop, brush, cloths and sanitising spray.
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	These are available from accommodation office as required.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Accommodation manager will speak with resident and house will then be cleaned by staff assisted by resident if required.

PART 2

Room by Room Inspection

Centre: Mosney Accommodation Centre

Date of Inspection: 3 April 2018

Units in Seaview (SV38 – SV 119)

Section A- Administration / Communal areas

16 Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	Laundry, Accommodation Office and Dining area
Complaint Forms	<input checked="" type="checkbox"/>	Accommodation Office
Accident/ Incident procedure	<input checked="" type="checkbox"/>	Medical Centre & Reception area

IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	Reception
Anti Human Trafficking Posters	<input checked="" type="checkbox"/>	Reception
No to Violence & Harrassment Posters	<input checked="" type="checkbox"/>	Reception

17 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?	
Yes all staff have read and signed off on the Code of Practice.	

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

18 FIRE SAFETY

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

18a EMERGENCY LIGHTING INSPECTION SCHEDULE

<u>Date</u>	<u>Inspected By</u> (Company Name / Position)	<u>Comments</u>
26 March 2018	Staff	Ok
14 March 2018	Staff	Ok

18b FIRE ALARM & DETECTION SYSTEM INSPECTION SCHEDULE

Date	Inspected By (Company Name / Position)	OK	Defect	Remedial Action Taken (Y/N)	Sign Off Y/N
26/3/18	Staff	<input checked="" type="checkbox"/>	None.	N/A	Y
14/3/18	Staff	<input checked="" type="checkbox"/>	None	N/A	Y
14/2/18	Masterfire		Q1 testing		

18c 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
26/3/18	Staff	<input checked="" type="checkbox"/>	None	N/A	Y
14/3/18	Staff	<input checked="" type="checkbox"/>	None	N/A	Y
29/4/17	Amber Fire	<input checked="" type="checkbox"/>	Annual Testing	N/A	Y

18d 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
7/3/18	Staff	<input checked="" type="checkbox"/>	None	N/A	Y
27/02/18	Staff	<input checked="" type="checkbox"/>	None	N/A	Y

18e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
Pre school 28/3/18 10.18 am	9 staff	9/9	2 mins	V good
Food Hall 28/3/17 10.18am	11 staff		2 mins	V good

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

18f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
38 staff	Fire training	Amber fire	2 hours	12/5/15
General Staff	Fire training	Amber fire	2 hours	24/02/15
security	Alarm panels and fire fighting Equipment	M Stapleton	3 hours	26/9/17

19g 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?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(e.g., fire exit signs, hazards, lighting, notices, décor, etc.)		
If yes please detail:		

LAUNDRY ROOM

	Washing Machines	Dryers
Number	83	85
Do they appear to be in working order? Yes		
Comments: Area clean and well maintained.		

23 PUBLIC TOILET (State Location): Garden Room

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Ladies:	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gents:	Urinal & 2 cubicles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a cleaning schedule displayed?					Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Record the last time entry.					2 April 2018	
Is the area clean? (provide comment) Yes						
Are all facilities working?					Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
Visual Check: Have you noticed any issues requiring attention?					Yes* <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details: All clean and tidy						

24 Facilities

Facilities

Large room with TV
 Multipurpose room which can be used for parties etc.
 Gym
 Games room with pool, table tennis etc.
 Mosque and large prayer room
 Adult Learning Centre
 Computer room
 Medical centre and CWO office
 Supermarket also available on site

General Seating Area

Is the seating in these areas in good condition?

Yes ☒ No ☐

Are these areas generally clean?

Yes ☒ No ☐

Visual Check: Have you noticed any issues requiring attention?

Yes ☐ No ☒

If yes please detail:

Any other comments? If yes please detail: All areas very clean, in use and well maintained.

There is a large crèche on the premises which caters for 3 age groups, 3 year olds, 2 year olds and babies. A sensory room for special needs children is also provided. Large selection of toys provided in the crèche.

A new training kitchen has been installed which is used to teach residents how to cook and also cooking theory. This is proving very popular and is very well subscribed.

KITCHEN AREA: Food Safety Critical Requirements

Is there a dress code for kitchen and server staff

Please outline:

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"/>

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

FOOD SAFETY: Food Hall

Has the premises been inspected by an Environmental Health Officer?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> July 2017 also audit by Food Safety Solutions 20 March 2018 – good result								
Were the points value of items clearly displayed:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
State Day and time Food Hall visited:	3 April 2018 2 pm								
Examine Random items:	<table border="1"> <thead> <tr> <th>List of items:</th> <th>Points Value:</th> </tr> </thead> <tbody> <tr> <td>Bananas 5</td> <td>120 pts</td> </tr> <tr> <td>Parsnips 500g</td> <td>100pts</td> </tr> <tr> <td>Potatoes 2kg</td> <td>150pts</td> </tr> </tbody> </table>	List of items:	Points Value:	Bananas 5	120 pts	Parsnips 500g	100pts	Potatoes 2kg	150pts
List of items:	Points Value:								
Bananas 5	120 pts								
Parsnips 500g	100pts								
Potatoes 2kg	150pts								
Examine 5 random items/fresh produce for best before/ use by date:									
LIST:	DATE:								

Halal diced lamb	12 April 2018
Beef sausages	7 April 2018
Whole Chicken	8 April 2018
Chicken Goujons	8 April 2018
Oxtail	9 April 2018

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 equipment provided by management for residents?	Yes	
What cleaning equipment is available to residents?	Vacuum cleaner, mop, brushes, cloths.	
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Accommodation Manager will speak with resident and room will be cleaned by Mosney staff assisted by resident.	

Seaview

UNIT NUMBER SV38				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details:		Hole in wall in kitchen. Buggy stored on the stairs.		

UNIT NUMBER SV39				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:		House very cluttered needs more storage.		

UNIT NUMBER SV40				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV41				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV42				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV43 same family as SV44				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: taps leaking, wires across the floor				

UNIT NUMBER SV44				
Unit Profile:		Room Capacity:	Room Occupancy:	
Family		4	3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV45 same family in SV 46				
Unit Profile:		Room Capacity:	Room Occupancy:	
Family		4	4	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV46				
Unit Profile:		Room Capacity:	Room Occupancy:	
Family		4	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:				

UNIT NUMBER SV 47 not inspected				
Unit Profile:		Room Capacity:	Room Occupancy:	
Family		4	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:				

UNIT NUMBER SV 48				
Unit Profile:		Room Capacity:	Room Occupancy:	
Family		4	4	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No * <input checked="" type="checkbox"/>				
If *, please give details: Toilet flush broken				

UNIT NUMBER SV49				
Unit Profile:		Room Capacity:	Room Occupancy:	
Family		4	3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

UNIT NUMBER SV50				
Unit Profile:		Room Capacity:	Room Occupancy:	
Family		4	3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details: Bathroom not inspected as occupied.				

UNIT NUMBER SV51				
Unit Profile:		Room Capacity:	Room Occupancy:	
Family		4	3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No * <input checked="" type="checkbox"/>				
If *, please give details: Hole in wall in kitchen. Lights in kitchen and bathroom to be repaired.				

UNIT NUMBER SV52				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV 53				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV 54				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV55				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: hole in wall in kitchen; sitting room door blocked by sofa. Mgt aware of this issue.				

UNIT NUMBER SV56 same family as SV57				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No * <input checked="" type="checkbox"/>				
If *, please give details: ceiling in bathroom need repair; taps leaking in downstairs bathroom.				

UNIT NUMBER SV57				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

UNIT NUMBER SV58				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	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:				

UNIT NUMBER SV 59				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	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:				

UNIT NUMBER SV 60				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: buggy stored on stairs				

UNIT NUMBER SV61				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV62				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		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"/>
	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: Un registered visitor in apartment.				

UNIT NUMBER SV63				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: light fitting broken				

UNIT NUMBER SV64				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV65 same family as SV 66				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		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 <input checked="" type="checkbox"/>	Adequate <input type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV66				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		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 <input checked="" type="checkbox"/>	Adequate <input type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV 67				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV68				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No * <input checked="" type="checkbox"/>				
If *, please give details: Tap broken in kitchen. Counter top needs repair.				

UNIT NUMBER SV69 same family as SV 70				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

UNIT NUMBER SV70				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		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 <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

UNIT NUMBER SV 71				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

UNIT NUMBER SV72				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

UNIT NUMBER SV73 same family as SV 74				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

UNIT NUMBER SV74				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		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:				

UNIT NUMBER SV75 same family as SV 76				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No * <input checked="" type="checkbox"/>				
If *, please give details: Shower base missing. Heater in Bathroom missing cord.				

UNIT NUMBER SV 76				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV77 same family as SV 78				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV78				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV 79				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV80				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

UNIT NUMBER SV 81				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

UNIT NUMBER SV 82 same family as SV 83				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input type="checkbox"/> No * <input checked="" type="checkbox"/>				
If *, please give details: Bathroom ceiling needs repair.				

UNIT NUMBER SV83				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		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:				

UNIT NUMBER SV84 same family as SV 85				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: mirror needs repair				

UNIT NUMBER SV85				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV 86				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV87				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV88				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV89 not inspected under renovation				
Unit Profile:		Room Capacity:		Room Occupancy:
unoccupied		4		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV90 same family as SV 91				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV91				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV 92				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: smoke alarm covered in bedroom				

UNIT NUMBER SV93				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV94 same family as SV 95, 96				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV 95				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV96				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		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:				

UNIT NUMBER SV97				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: hole in bathroom door; lamp broken; heater in bedroom not working.				

UNIT NUMBER SV 98				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV99				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV100				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV101				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV 102				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV 103				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: wall beside shower needs repair				

UNIT NUMBER SV104				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV105				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV106				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV107 under renovation				
Unit Profile:		Room Capacity:		Room Occupancy:
unoccupied		4		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	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:				

UNIT NUMBER SV108 under renovation				
Unit Profile:		Room Capacity:		Room Occupancy:
Unoccupied		4		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness		Very Good	Adequate	Poor *
		<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:				

UNIT NUMBER SV 109				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		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 *
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>		
If *, please give details:				

ROOM NUMBER SV110				
Room Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness		Very Good	Adequate	Poor *
		<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:				

UNIT NUMBER SV111				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness		Very Good	Adequate	Poor *
		<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:				

UNIT NUMBER SV 112				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	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:				

UNIT NUMBER SV113				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		3		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	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:				

UNIT NUMBER SV 114				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV115				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV116				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV117				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV 118 same family as SV 119				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER SV119				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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: General Manager

Date: 3/4/18

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: General Manager

Date: 3/4/18

Mr. Phelim McCloskey,
Mosney Accommodation Centre,
Mosney,
Co. Meath.

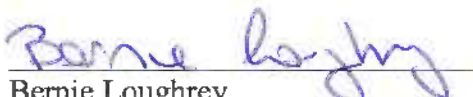
26th April, 2018

Dear Mr. McCloskey,

The Reception and Integration Agency carried out an inspection at Mosney Accommodation Centre on 3 April 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 18th May 2018 outlining the steps you have taken/propose to take to address the issues raised.

Yours sincerely,


Bernie Loughrey
Internal Inspection Unit
Reception and Integration Agency

MOSNEY

Mosney, Drogheda, Co. Meath, Ireland

Tel: (041) 9829200 Fax: (041) 9829444 email: admin@mosney.ie

Our Ref: PMcC/MP

23rd May 2018

Ms. Bernie Loughrey
Internal Inspection Unit
RECEPTION & INTEGRATION AGENCY
P.O. Box 11487
DUBLIN 2

Dear Ms. Loughrey

I confirm receipt of your letter dated 26th April 2018 together with a copy of the report of the inspection carried out on the 3rd April 2018 by Ms. Ruth Dillon from the Reception and Integration Agency.

I confirm that the issues identified as requiring attention have now been addressed as per attached details.

Yours sincerely



PHELIM McCLOSKEY

Encl.



Registered Office:
Law Chambers, Fair Street, Drogheda.
Company Sec.: Smith & Williamson Freaney Limited
Company Registration No.: 11917

Directors: PHELIM McCLOSKEY, PAUL McCLOSKEY, SARAH GATES, RUTH KIERANS

Fire Safety:

SV92 - Fire & Safety Officer spoke to resident re smoke alarm covered in bedroom

Houses/Bedrooms:

SV38 - Hole in kitchen wall repaired. Spoke to resident re buggy on stairs
SV39 - Spoke to resident. More storage provided
SV43 - Leaking taps repaired. Spoke to resident re wires across floor
SV48 - Toilet flush repaired
SV51 - Hole in kitchen wall repaired. Lights in kitchen and bathroom repaired
SV55 - Hole in kitchen wall repaired. Spoke to resident re sofa blocking door
SV56 - Bathroom ceiling repaired. Leaking taps repaired in bathroom
SV60 - Spoke to resident re buggy on stairs
SV62 - Spoke to resident re unregistered visitor in house
SV63 - Light fitting repaired
SV68 - Kitchen tap and counter top repaired
SV75 - Shower base and heater in bathroom replaced
SV82 - Bathroom ceiling repaired
SV84 - Mirror repaired
SV97 - Hole in bathroom door, lamp and heater repaired
SV103 - Wall repaired in bathroom



Seirbhísí Cóiríochta um Chosaint Idirnáisiúnta
International Protection Accommodation Services

Mr. Phelim McCloskey,
Mosney PLC,
Mosney Accommodation Centre,
Mosney,
Co. Meath.

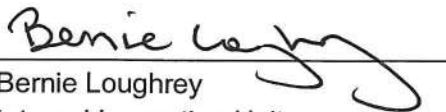
9th January 2020

Dear Mr. McCloskey,

The International Protection Accommodation Services carried out an inspection at Mosney Accommodation Centre on **26th September, 2019**. 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 31st January, 2019** outlining the steps you have taken/propose to take to address the issues raised.

Yours sincerely,


Bernie Loughrey
Internal Inspection Unit
International Protection Procurement Services



📍 Mosney, Drogheda, Co. Meath, Ireland, A92 ED6V

☎ (041) 98 29200 📠 (041) 98 29444 ✉ admin@mosney.ie

Our Ref: PMcC/MP

30th January 2020

Ms. Bernie Loughrey
Internal Inspection Unit
INTERNATIONAL PROTECTION ACCOMMODATION SERVICES
P.O. Box 11487
DUBLIN 2

Dear Ms. Loughrey

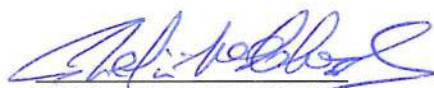
I confirm receipt of your letter dated 9th January 2020 together with a copy of the report of the inspection carried out on the 26th September 2019 by Audrey Walsh.

I also confirm that the issues identified as requiring attention have now been addressed as per details attached.

In addition, I would also like to point out a number of amendments to independent inspection report as some of the details are historical and not correct. They are as follows:-

- Item no. 1 – Page 3 - The DSP/CWO name should read Niall Reynolds.
- Item no. 3 – Page 4 - Ten staff members have been trained in the use of defibrillators.
- Item no. 13 – Page 6 - Indoor Facilities – could you please delete the word “chalet” and insert the word “house or apartment” as these descriptions are more appropriate. There are no “chalets” in use at Mosney. All residents are accommodated in houses and apartments with their own key to their own home where they can cook and live independently.
- Item no. 16 – Page 7 - Launderette is open Daily Monday to **Saturday.**

Yours sincerely


PHELIM McCLOSKEY
Encl.

Houses/Bedrooms:

- 2WA - Resident informed and bed moved to prevent restricting door opening. Seal on bath repaired.
- 4WA - Resident informed and bed moved to prevent restricting door opening.
- 11WA - Door repaired in kitchen. Resident informed and bed moved to prevent restricting door opening.
- 12WA - Mould in bathroom treated and resident advised to ventilate bathroom when using shower. Lampshade repaired in sitting room.
- 15WA - Resident spoken to regarding rules re smoking and resident informed that warning letter would follow if smoking continued. Mould in shower treated and resident advised to ventilate bathroom when using shower.
- 17WA - Resident informed about the bed restricting the door.
- 18WA - Kitchen cabinet door repaired.
- 19WA - Shower tray, door and screen repaired.
- 21WA - Resident advised that smoking in home is prohibited.
- 26WA - Resident informed and bed moved to prevent restricting door opening.
- 28WA - Fire notice was in place to right of main door. Resident informed and bed moved to prevent restricting door opening.

- 3WG - Light shade replaced in bedroom.
- 4WG - Mould in bathroom treated and resident advised to ventilate bathroom when in use.
- 6WG - Resident advised that smoking in homes is prohibited.
- 7WG - Wall in bedroom re-painted.
- 8WG - Mould in bathroom and bedroom treated and resident advised to ventilate both bathroom and bedroom and that clothes were not to be aired on bedroom heaters.
- 11WG - Mould in bathroom and bedroom treated and resident advised to ventilate both bathroom and bedroom and also not to dry clothes on room heater.

- 1WW - Kitchen ceiling treated and resident advised to ventilate when cooking in kitchen.
- 8WW - Mirror in bathroom replaced and bathroom repaired and treated.
- 11WW - Carpet has now been replaced on stairway.
- 12WW - Mould in bathroom treated and resident advised to ventilate when in use. Resident also asked to de-clutter and to use store provided for excess items.
- 15WW - Carpet on stairs is now replaced.

- 5GL - Mould in bathroom treated and resident advised to ventilate when in use.
- 7GL - Resident advised to ventilate bathroom, bedroom and living room. All walls have been treated.
- 10GL - Walls in bathroom have been treated and resident advised to ventilate.
- 14GL - Resident spoken to about smoking regulation and pipes in living room are now covered and closed in.
- 16GL - Resident spoken to by Accommodation Manager and house will be reviewed ongoing.

IPAS

Inspection Report

Centre:	MOSNEY Accommodation Centre
Inspector:	Audrey Walsh
Date of Inspection:	26/09/2019
Time of Arrival & Departure:	10.30-17.30

Part 1
General Information on Services

Inspection Report

Centre: Mosney

Date of Inspection: 26/09/2019

1. CENTRE DETAILS

Name and address of Centre	Mosney Accommodation Centre, Mosney, Co. Meath
----------------------------	---

Contractor	Phelim Mccloskey
Manager	Pat McKenna
Who deputises for manager in his/her absence?	Give Job Title only Admin/Registration Manager

Telephone Number	0419829200
------------------	------------

Current Contracted Capacity	600
Current Occupancy (today)	743
Current Centre Profile (e.g., singles, families etc.)	Families & Singles

HSE Area	North East
Public Health Nurse	Frances McArdle
DSP / CWO name	Margaret Daly
Environmental Health Officer name	Aisling Ryan
Local Fire Officer Name	Barry Quinn
Local Fire Station	Navan

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

Outline visiting times :	10am-10pm
In what areas are visitors allowed in the centre?	Visitors are allowed into resident's houses during these times.
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	In the resident's own house and there is extensive storage units available.
What toiletries are provided to residents on arrival?	Initial pack with Shampoo, soap, shower gel, toilet rolls, toothpaste and toothbrush.
What arrangements are in place to replenish these items?	Bought in shop.

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: Issues are recorded at Accommodation office and carried out by Mosney maintenance personnel daily.	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	Yes – staff and visitors informed of the policy on arrival.
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	Yes
Where is declaration held?	Visitors entrance
Is there a sign in book for visitors? Where?	Yes at the visitors entrance.
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	Yes -Accommodation Office, Visitors Entrance and launderette
Have Designated Liaison Persons received HSE training?	Yes
Are notices prominently displayed regarding parental supervision of children? Where?	Yes -, Accommodation Office, Reception and launderette.

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"/>

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2 large satellite dishes
An average, how many TV channels are provided to residents?	12 channels and most residents have their own satellite dishes
Are residents allowed to erect satellite dishes?	Yes, safety rules apply

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
What procedures are in place for the exchange of towels and bed linen at the centre?	As required but each resident given a spare set.
What procedures are in place for ironing boards and irons?	Residents have ironing boards and irons in their own houses.
How is washing powder / tablets supplied?	Supplied as required in launderette.
Are there specific arrangements for access to the laundry (give details):	Daily - Monday to Friday, On Saturday during school term for washing uniforms.

17 CLEANING (General Arrangements)

Cleaning Materials:	
What cleaning equipment is available to residents?	Vacuum cleaner, mop, bucket etc., Cleaning products can be bought in shop.
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	Bought in shop.
What arrangements are in place if rooms are not cleaned sufficiently by residents?	Accommodation manager will speak with resident and house will then be cleaned by staff assisted by resident if required.

PART 2

Room by Room Inspection

IPAS Inspection

<i>Centre:</i>	<i>Mosney</i>
<i>Date of Inspection:</i>	<i>26/09/2019</i>

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
25/09/2019	Maintenance	<input checked="" type="checkbox"/>	None	n/a	y
29/04/2019	Amber fire	<input checked="" type="checkbox"/>	none	n/a	y
04/09/2019	Action Fire (Ansul System)	<input checked="" type="checkbox"/>	none	n/a	y

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
25/09/2019	Internal Maintenance	<input checked="" type="checkbox"/>	none	n/a	y
28/08/2019	KBK Joinery (Maintenance of panic bolts)	<input checked="" type="checkbox"/>	none	n/a	y

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
26/06/2019 2:30pm	2 + 8 preschool staff	19 children	3 mins	Focused drill in crèche
22/07/2019 10.10am	2 + 9 Preschool staff	21 Children	4 Minutes	Focused drill in crèche

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

Job Description	Course	Instructor	Duration	Date
General Staff	Fire training	Amber fire	2 hours	14/05/2018
General Staff	Fire training	Amber fire	2 hours	26/06/2018
General Staff x 10	Defibrillator	Sean Rooney	½ day	16/07/2019
General Staff	First Aid	Amber Fire	Full day	13/03/2019

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Security office
Are they marked?	Notice
Are staff aware of locations?	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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)		
If yes please detail:		

Have you seen the following?

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

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	In accommodation office
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	In accommodation office and at main gate
Supervision of children notice	<input checked="" type="checkbox"/>	At crèche
Gym Notices (Child Safety – if applicable)	<input checked="" type="checkbox"/>	On door in gym and in office

IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	In main office
Anti Human-Trafficking Posters	<input checked="" type="checkbox"/>	Reception lobby
'NO to Violence & Harassment' Posters	<input checked="" type="checkbox"/>	Reception lobby

Social Room / Tea Station (State Location): facilities in own room

What facilities are provided? Television, pool table		
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"/> (observe whether the area is colourful, has sufficient toys, changing areas, toilets in working order, etc)		
If yes please detail:		

Pre-school Room:

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

23 PUBLIC TOILET (State Location): Reception area

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Ladies:	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gents:	Urinal & 2 cubicles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a cleaning schedule displayed?					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Record the last time entry.					24/09/2019	
Is the area clean? (provide comment) very clean						
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:						

PUBLIC TOILET (State Location): Staff canteen

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Ladies:	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gents:	Co2 cubicles	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a cleaning schedule displayed?					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Record the last time entry.					24/09/2019	
Is the area clean? (provide comment) very clean						
Are all facilities working?					Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
Visual Check: Have you noticed any issues requiring attention?					Yes* <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, give details:						

24 COMMUNAL ROOM (State Location): At Food hall

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

	Mosney staff assisted by resident.
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UNIT NUMBER WA1				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		5		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER WA2				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: There was a bed restricting the opening of a bedroom door. Seal on bath needs to be replaced.				

UNIT NUMBER WA3				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		5		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER WA4				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>

If *, please give details:

UNIT NUMBER WA9				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		5		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input 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:				

UNIT NUMBER WA10				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		5		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Resident getting packed and ready to move out.				

UNIT NUMBER WA11				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Door was broken in kitchen. There was a bed restricting the opening of a bedroom door.				

UNIT NUMBER WA12				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		5		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: Resident asked to move here.				
UNIT NUMBER WA17				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		5		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: There was a bed restricting the opening of a bedroom door.				

UNIT NUMBER WA18				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details: Kitchen cabinet door broken.				

UNIT NUMBER WA19				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details: Shower tray needs attention.				

UNIT NUMBER WA20				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		5		0
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input 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:		

UNIT NUMBER WA25				
Unit Profile:		Room Capacity:	Room Occupancy:	
Family		5	5	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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:				

UNIT NUMBER WA26				
Unit Profile:		Room Capacity:	Room Occupancy:	
Family		5	4	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: There was a bed restricting the opening of a bedroom door.				

UNIT NUMBER WA27				
Unit Profile:		Room Capacity:	Room Occupancy:	
Family		5	4	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER WA28				
Unit Profile:		Room Capacity:	Room Occupancy:	
Unoccupied		5	0	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>

UNIT NUMBER WG5				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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:				

UNIT NUMBER WG6				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		5		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Evidence of smoking in room.				

UNIT NUMBER WG7				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Wall in bedroom needs to be painted.				

UNIT NUMBER WG8				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		5		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: there is slight mould on bathroom and bedroom ceiling.				

UNIT NUMBER WG9

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:				

UNIT NUMBER WV1				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		6		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Damp on kitchen ceiling.				

UNIT NUMBER WV2				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		6		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER WV3				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		6		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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:				

UNIT NUMBER WV4				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		6		0

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details: Broken mirror in bathroom needs replacing. Bathroom needs attention.				

UNIT NUMBER WV9				
Unit Profile:		Room Capacity:	Room Occupancy:	
Family		6	5	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

UNIT NUMBER WV10				
Unit Profile:		Room Capacity:	Room Occupancy:	
Family		6	5	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

UNIT NUMBER WV11				
Unit Profile:		Room Capacity:	Room Occupancy:	
Family		6	6	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input 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: Carpet needs to be replaced.				

UNIT NUMBER WV12				
Unit Profile:		Room Capacity:	Room Occupancy:	
Family		6	6	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input 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: Family in process of moving out.				

UNIT NUMBER WV17				
Unit Profile:		Room Capacity:		Room Occupancy:
Unoccupied		6		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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: very clean and tidy.				

UNIT NUMBER WV18				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input 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:				

GREENLANDS

UNIT NUMBER GL 1				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		4		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?			v Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				
UNIT NUMBER 2				

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

UNIT NUMBER 7					
Unit Profile:		Room Capacity:		Room Occupancy:	
Family		2		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details: Damp wall in bathroom, bedroom and over front door, needs urgent attention.					

UNIT NUMBER 8					
Unit Profile:		Room Capacity:		Room Occupancy:	
Family		4		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:					

UNIT NUMBER 9					
Unit Profile:		Room Capacity:		Room Occupancy:	
Family		4		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;					

UNIT NUMBER 14				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		2		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Evidence of smoking in this room. There are pipes that need to be boxed in.				

UNIT NUMBER 15				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		2		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input 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:				

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

UNIT NUMBER 17				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

UNIT NUMBER 22				
Unit Profile:		Room Capacity:		Room Occupancy:
Family		2		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	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:				

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: Marie Clarke

Position: Admin. Manager

Date: 26.9.19

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: Marie Clarke.

Position: 26.9.19.

Date: Admin Manager

RIA

Independent Inspection Report

Centre:	MOSNEY Accommodation Centre
Inspector:	Shane MacLoughlin
Date of Inspection:	5/9/ 2019
Time of Arrival & Departure:	10.00-17.00

Part 1
General Information on Services

Independent Inspection Report

Centre: **Mosney**
Date of Inspection: **5/9/19**

1. CENTRE DETAILS

Name and address of Centre	Mosney Accommodation Centre, Mosney, Co. Meath
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Contractor	Phelim McCloskey
Manager	Pat McKenna
Who deputises for manager in his/her absence?	Give Job Title only Admin/Registration Manager

Telephone Number	0419829200
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Current Contracted Capacity	800
Current Occupancy (today)	812
Current Centre Profile (e.g., singles, families etc.)	Families & Singles

HSE Area	North East
Public Health Nurse	Frances McArdle
DSP / CWO name	Margaret Daly
Environmental Health Officer name	Aisling Ryan
Local Fire Officer Name	Barry Quinn
Local Fire Station	Navan

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 checked="" type="checkbox"/>

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Give details of roster hours	
Is security provided by external company? (Y/N)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, give name of company:	
Does the centre have CCTV? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is a list of emergency numbers available in the Manager's office?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the list include the following numbers? (Y/N) Local Garda station 24 hr number Local hospital Local fire station Duty Social Work Team Out of hours GP Service RIA out of hours number	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, give details:
Are first aid kits available? (Y/N)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where and how many?	6 - Visitors entrance, Medical centre, maintenance workshop, Accommodation office, launderette and dining House
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"/>

Some items in first aid kits out of date in kitchen

4 HEATING ARRANGEMENTS

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

5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
How does centre management explain house rules to residents on arrival?	House rules are explained to new residents by the Accommodation Manager

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

Are residents issued with key for their House?(Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are residents issued with key for main door? (Yes/No)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, give details	Yes
Are there procedures to allow residents to receive visitors? (Give details)	

Outline visiting times :	10am- 10pm
In what areas are visitors allowed in the centre?	Visitors are allowed into resident's houses during these times.
Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) (* Storage is at resident's own risk)	In the resident's own house
What toiletries are provided to residents on arrival?	Shampoo, shower gel, soap, toilet rolls
What arrangements are in place to replenish these items?	These are replenished when required from the Accommodation Office

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: Issues are recorded at Accommodation office and carried out by Mosney maintenance personnel.	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	Yes -- staff and visitors informed of the policy on arrival.
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	Yes
Where is declaration held?	Visitors entrance
Is there a sign in book for visitors? Where?	Yes at the visitors entrance.
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	Yes - Accommodation Office, Kosy Dining House, Visitors Entrance and launderette
Have Designated Liaison Persons received HSE training?	Yes
Are notices prominently displayed regarding parental supervision of children? Where?	Yes - Kosy Dining House, Accommodation Office, Reception and launderette.

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:	11/2/16

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

Are residents consulted regarding menu / dietary requests? (Give details.)	Yes – file maintained by Catering Manager
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 	Cheese, Chicken, Tuna and Jam. Juice and water Yogurt Fruit Plenty of options and choice Please also provide details of the system for distribution of school lunches: Provisions are given to parents and they will make school lunches for their children in their own homes
Is infant formula kept out of public view?	Yes
What arrangements are in place for distribution of infant formula?	This is distributed with weekly provisions or when required.

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL

TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What food/snacks are available after hours or when kitchen is closed?	Residents have own kitchens, shop open daily.
Where are the snacks located and how are they accessed?	Shop open 9.30-3.30 daily Monday to Friday and 9.30-1.30 Saturdays
Are meals available for residents who arrive late? (Give details.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Meals and provisions provided as requested.
Are meals available for new arrivals? (Give details)	yes
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> These are available from the main restaurant 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?	Residents have own kitchens, shop open daily

12 FACILITIES FOR FEEDING BABIES

Are the following available?	All below are provided for resident in their own homes as necessary.
Access to drinking Water (for breastfeeding mothers / for preparation of infant formula)	Y
Sterilisers	Y
Kettles	Y
Fridge (for bottles of EBM* / formula) *Expressed Breast Milk	Y
Bottle Warmer	Y
Microwave	Y
Are these facilities available 24 hours a day	Yes in own homes

Is there a dedicated House provided? Where?	n/a all have own home
--	-----------------------

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"/> own chalet
Computer Games	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> own chalet
Snooker Table	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Pool Table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Table Tennis Table	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Board Games	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Newspapers	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Books	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> Play House
Toys / games for children	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> pre school and play House
Other		
Give details of any other arrangement or other comments:		

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Where does the service go to?	Drogheda Dublin once a month
What is the frequency of the service? (List time table opposite)	4 return journeys to Drogheda each day

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2 large satellite dishes
An average, how many TV channels are provided to residents?	12 channels and most residents have their own satellite dishes
Are residents allowed to erect satellite dishes?	Yes, safety rules apply

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
What procedures are in place for the exchange of towels and bed linen at the centre?	As required but each resident has a spare set.
What procedures are in place for ironing boards and irons?	Residents have ironing boards and irons in their own houses.

How is washing powder / tablets supplied?	Supplied as required in launderette.
Are there specific arrangements for access to the laundry (give details):	Daily - Monday to Friday

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, mop, brush, cloths and sanitising spray. From accommodation office
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	These are available from accommodation office as required.
What arrangements are in place if Houses are not cleaned sufficiently by residents?	Accommodation manager will speak with resident and house will then be cleaned by staff assisted by resident if required.

PART 2

House by House Inspection

Independent Inspection

Centre: *Mosney*

Date of Inspection: *5/9/19*

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	<input checked="" type="checkbox"/>	Laundry, Accommodation office, Kitchen
Complaint Forms	<input checked="" type="checkbox"/>	Accommodation office
Accident/ Incident procedure		Medical centre & reception

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	Kitchen
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	In reception
Supervision of children notice	<input checked="" type="checkbox"/>	Yes in crèche
Gym Notices (Child Safety – if applicable)	<input checked="" type="checkbox"/>	Yes
IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	Yes

18 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?	
Signed for by staff at induction	

*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

Date	Inspected By {Company Name / Position}	Comments
28/8/19	Internal Maintenance	Ok
2/9/19	Internal	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
2/9/19	Maintenance	<input checked="" type="checkbox"/>	None	n/a	
29/8/19	Masterfire	<input checked="" type="checkbox"/>	None	n/a	

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
2/9/19	Maintenance	<input checked="" type="checkbox"/>	None	n/a	y
29/4/19	Amber fire	<input checked="" type="checkbox"/>	none	n/a	y

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
28/8/19	Internal Maintenance	<input checked="" type="checkbox"/>	none	n/a	y
2/9/19	Internal	<input checked="" type="checkbox"/>	none	n/a	y

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
11 Drills have taken place throughout 2019	All staff and properties have been covered throughout drill program for 2019	All residents without exception evacuated Houses in their respective drill	All between 2-4 mins	Very well managed fire drill program in place.

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

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
General Staff	Fire training	Amber fire	2 hours	12/5/15
General Staff	Fire training	Amber fire	2 hours	26/6/18

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	Security office
Are they marked?	Notice
Are staff aware of locations?	Yes
Comments:	

19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	Yes
--	-----

Are there smoke alarms throughout the premises, inc bedroom?	Yes
Are all smoke alarms linked back to a central control panel?	Yes
Are there designated 'Smoking' areas? <i>include locations</i>	Outside of chalets
Comments:	

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

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

Administration Area:

Reception:

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

Have you seen the following?

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

HSE Breastfeeding Posters (if applicable)	<input checked="" type="checkbox"/>	Not Displayed
Designated Liaison Person details (Child Protection)	<input checked="" type="checkbox"/>	In accommodation office and at main gate
Supervision of children notice	<input checked="" type="checkbox"/>	At crèche
Gym Notices (Child Safety – if applicable)	<input checked="" type="checkbox"/>	On door in gym and in office

IOM Voluntary Return Posters	<input checked="" type="checkbox"/>	In main office
Anti Human-Trafficking Posters	<input checked="" type="checkbox"/>	Reception lobby
'NO to Violence & Harassment' Posters	<input checked="" type="checkbox"/>	Reception lobby

Social House / Tea Station (State Location): facilities in own House

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

Pre-school House:

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

DINING AREA:

Please outline the meal times:

	From	To
Breakfast	n/a new shop and self-catering systems in place	
Lunch	12-1 only used now by staff and new arrivals	
Dinner	n/a new shop and self-catering systems in place	

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

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

Breakfast	
Lunch	
Dinner	

Is menu cycle on display?	n/a
Does menu cycle correspond with options available?	n/a

If no, ask manager for explanation and provide details:

No menu cycle anymore as residents have freedom to cook what they choose when they choose in their own houses.

Which meal was sampled?	Ate deli food		
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) Chicken wings and beef pies both very tasty and kept hot			
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	n/a		
Give details of this option:	n/a		
Were there ethnic dishes available?	n/a		
Give details of this option:			
Was fresh foods available for infants? (as per HSE Infant Feeding Guidelines)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
In your opinion, does the food on offer appear to provide a good variety?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Did inspection take place during Ramadan?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
If yes, please outline arrangements for provision of meals outside of normal mealtimes, (medical or other appointments, etc.):			
Is there any damaged seating or tables in dining room?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Is there enough seating for residents present to sit down and eat their lunch?	Residents now all eat in their own houses		
Comments: New shop in place where dining room was. It is fully stocked with wide variety of foods, meats, bakery items, etc. all produce as one would expect in a supermarket are stocked and available on the points card system.			

KITCHEN AREA: Food Safety Critical Requirements**FOOD SAFETY**

Has the premises been inspected by an Environmental Health Officer?	Yes
Date of Visit?	June 2016
Comments:	

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

HACCP Records:

Pest Control: Inspected by Total Pest Control– inspection 15/1/19 no issues
Induction and Ongoing Staff Training: on file in reception
Time & Temperature Records: Chicken Goujons in deli when checked were only 44 deg C – frequency of checking needs to be increased
Hygiene Audits: full log of audits
List of Approved Suppliers: as part of supplier controls
Cleaning Schedules: daily , weekly and monthly all up to date
Procedures for accepting deliveries: in place and records of temperatures and traceability maintained
General Comments: While number of meals and food service is reduced dramatically the Kitchen is still fully maintained under its HACCP plans and Food safety management system.

HACCP and Kitchen Evaluation

General:

Is the kitchen commercial or domestic?	Commercial
What equipment is in place? Gas oven, combi ovens, grill, brat pan, meat slicer, deep fryers, cooker tops, freezer, salad fridges, bain maries etc.	
In what condition is the equipment? Very well maintained	
Comments: While number of meals and food service is reduced dramatically the Kitchen is still fully maintained under its HACCP plans and Food safety management system.	

Commented [sm1]:

STRUCTURAL HYGIENE

Kitchen:

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

Dry Goods:

Suitably equipped? Shelving/containers etc	pantry all items off the ground
Condition and suitability of facilities: good	
What evidence is there of stock rotation?	Minimal stock held - daily deliveries primarily for shop restocking.

Refrigerated Storage:

What type of refrigerated storage is provided?	Cool room, freezers and standing fridges
Comment on the condition and suitability of the refrigerated storage: Very good	
Are thermostats provided and in working order?	yes
Are food items date stamped?	yes
Are samples of dishes being kept?	n/a

Other:

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

OPERATIONAL HYGIENE

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

Is the correct equipment provided? <i>e.g. colour coded chopping boards</i>
Yes

Is the necessary holding equipment provided? <i>e.g. bain maries, refrigerated units.</i>
Yes

Condition and suitability of serving equipment and utensils:
Very clean

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

Comments:

STAFF FACILITIES AND HYGIENE

Are designated staff facilities provided?	Yes
What facilities are in place?	Changing room

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

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

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

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

23 PUBLIC TOILET (State Location): Reception area

	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:	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is there a cleaning schedule displayed?		Yes				

Record the last time entry.	
Is the area clean? (provide comment) very clean	
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:	

PUBLIC TOILET (State Location): Restaurant & main reception

	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:	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Is there a cleaning schedule displayed?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Record the last time entry.						
Is the area clean? (provide comment) very clean						
Are all facilities working?					Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>	
Visual Check: Have you noticed any issues requiring attention?					Yes* <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If No, give details:						

24 COMMUNAL HOUSE (State Location): Off restaurant

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

OUTDOOR GROUNDS / FACILITIES

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork of the centre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of the grounds (ie., evidence of rubbish etc.)	<input checked="" type="checkbox"/>	<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 New Multi-sports astro play area and new swings/slides and playground. Evident that on going investment is being put in to provide facilities for the residents. Maintenance of grounds is exceptional for such a large campus.				

LAUNDRY HOUSE

	Washing Machines	Dryers
Number	80	80
Do they appear to be in working order? yes		
Comments:		

CORRIDOR (State Location): Main reception area

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: +	

STAIRWAY (State Location): Internal in houses and external access stairs in Greenlawns

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? No (e.g., fire exit signs, hazards, lighting, notices, décor, etc.)	
If yes please detail:	

Houses:

CLEANING (General Arrangements)

How often are Houses inspected?	twice weekly <input type="checkbox"/> Weekly <input checked="" type="checkbox"/>
Who cleans the Houses?	Staff <input type="checkbox"/> Residents <input checked="" type="checkbox"/>
How often do staff clean the Houses?	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?	Vacuum cleaner, mop, brushes, cloths, cleaning spray.
What arrangements are in place if Houses are not cleaned sufficiently by residents?	Accommodation Manager will speak with resident and House will be cleaned by Mosney staff assisted by resident.

HOUSE NUMBER WOODLAND AVENUE 1				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

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

HOUSE NUMBER WOODLAND AVENUE 3				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good <input type="checkbox"/>	Adequate <input type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>

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

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

HOUSE NUMBER WOODLAND AVENUE 6				
House Profile:		House Capacity:		House Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

HOUSE NUMBER WOODLAND AVENUE 7				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

HOUSE NUMBER WOODLAND AVENUE 8				
House Profile:		House Capacity:		House Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				

If *, please give details: bathroom damp

HOUSE NUMBER WOODLAND AVENUE 10				
House Profile:		House Capacity:		House Occupancy:
Family		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			No	
If *, please give details:				

HOUSE NUMBER WOODLAND AVENUE 12				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>	
If *, please give details:				

HOUSE NUMBER WOODLAND AVENUE 13				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>	
If *, please give details:				

HOUSE NUMBER WOODLAND AVENUE 14				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>	

If *, please give details:

HOUSE NUMBER WOODLAND AVENUE 15				
House Profile:		House Capacity:		House Occupancy:
Family		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input 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:				

HOUSE NUMBER WOODLAND AVENUE 16				
House Profile:		House Capacity:		House Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER WOODLAND AVENUE 17				
House Profile:		House Capacity:		House Occupancy:
Family		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input 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:				

HOUSE NUMBER WOODLAND AVENUE 18				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Multiadapter taped to wall of sitting room – NOTED IN LAST INSPECTION ALSO				

HOUSE NUMBER WOODLAND AVENUE 19				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: Bathroom damp				

HOUSE NUMBER WOODLAND AVENUE 22				
House Profile:		House Capacity:		House Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER WOODLAND AVENUE 23				
House Profile:		House Capacity:		House Occupancy:
Family		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER WOODLAND AVENUE 26				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER WOODLAND AVENUE 27				
House Profile:		House Capacity:		House Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER WOODLAND AVENUE 28				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER WOODLAND GROVE 1				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: bathroom has a lot of damp				

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

HOUSE NUMBER WOODLAND GROVE 3				
House Profile:		House Capacity:		House Occupancy:

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

HOUSE NUMBER WOODLAND GROVE 4					
House Profile:		House Capacity:		House Occupancy:	
Family		5		5	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

HOUSE NUMBER WOODLAND GROVE 5					
House Profile:		House Capacity:		House Occupancy:	
Family		4		4	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

HOUSE NUMBER WOODLAND GROVE 6					
House Profile:		House Capacity:		House Occupancy:	
Family		4		4	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details: Resident smoking					

HOUSE NUMBER WOODLAND GROVE 7					
House Profile:		House Capacity:		House Occupancy:	
Family		5		5	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER WOODLAND GROVE 8				
House Profile:		House Capacity:		House Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: bathroom has a lot of damp				

HOUSE NUMBER WOODLAND GROVE 9				
House Profile:		House Capacity:		House Occupancy:
Family		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER WOODLAND GROVE 10				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER WOODLAND GROVE 11				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <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:				

HOUSE NUMBER WOODLAND GROVE 13				
House Profile:		House Capacity:		House Occupancy:
Family		8		8
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 <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER WOODLAND GROVE 14				
House Profile:		House Capacity:		House Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER WOODLAND VIEW 1				
House Profile:		House Capacity:		House Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER WOODLAND VIEW 2				
House Profile:		House Capacity:		House Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *

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

HOUSE NUMBER WOODLAND VIEW 3				
House Profile:		House Capacity:		House Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

HOUSE NUMBER WOODLAND VIEW 7				
House Profile:		House Capacity:		House Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

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

HOUSE NUMBER WOODLAND VIEW 6				
House Profile:		House Capacity:		House Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				

If *, please give details:

HOUSE NUMBER WOODLAND VIEW 8				
House Profile:		House Capacity:		House Occupancy:
Family		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			No	
If *, please give details:				

HOUSE NUMBER WOODLAND VIEW 9				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER WOODLAND VIEW 10				
House Profile:		House Capacity:		House Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER WOODLAND VIEW 12				
House Profile:		House Capacity:		House Occupancy:
Family		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input 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:

HOUSE NUMBER WOODLAND VIEW 13

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

HOUSE NUMBER WOODLAND VIEW 14

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

HOUSE NUMBER WOODLAND VIEW 15

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

HOUSE NUMBER WOODLAND VIEW 16

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

HOUSE NUMBER WOODLAND VIEW 18				
House Profile:		House Capacity:		House Occupancy:
FAMILY		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input 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:				

SEAVIEW

HOUSE NUMBER SEAVIEW2				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

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

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:				

HOUSE NUMBER SEAVIEW6				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

HOUSE NUMBER SEAVIEW7				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

HOUSE NUMBER SEAVIEW8				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details: window restrictors need review				

HOUSE NUMBER SEAVIEW9				
House Profile:		House Capacity:		House Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW 10				
House Profile:		House Capacity:		House Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW 11				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW 12 & 13				
House Profile:		House Capacity:		House Occupancy:
Family		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <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 type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details: window restrictors need review				

HOUSE NUMBER SEAVIEW 14 & 15		
House Profile:		House Capacity:
Family		6
		6

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

HOUSE NUMBER SEAVIEW 16				
House Profile:		House Capacity:	House Occupancy:	
Family		3	3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: window restrictors need review				

HOUSE NUMBER SEAVIEW 19				
House Profile:		House Capacity:	House Occupancy:	
Family		3	3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW 18				
House Profile:		House Capacity:	House Occupancy:	
Family		4	4	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: window restrictors need review				

HOUSE NUMBER SEAVIEW 19				
House Profile:		House Capacity:	House Occupancy:	
Family		4	4	

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

HOUSE NUMBER SEAVIEW20				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW21				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW22 & 23				
House Profile:		House Capacity:		House Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

HOUSE NUMBER SEAVIEW25				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW26				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW28				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

HOUSE NUMBER SEAVIEW 30				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>		
If *, please give details:				

HOUSE NUMBER SEAVIEW 32&31				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>		
If *, please give details:				

HOUSE NUMBER SEAVIEW33				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <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:				

HOUSE NUMBER SEAVIEW34				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW35				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW 36				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: kitchen blinds need replacing				

HOUSE NUMBER SEAVIEW37				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW38				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW39				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW40				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW42				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW43& SEAVIEW44				
House Profile:		House Capacity:		House Occupancy:
Family		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW 47				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW49				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW50				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW51				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW 53				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW 54				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW55				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>

If *, please give details:

HOUSE NUMBER SEAVIEW56&SEAVIEW57				
House Profile:		House Capacity:		House Occupancy:
Family		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input 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:				

HOUSE NUMBER SEAVIEW 59				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW 60				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW61				
House Profile:		House Capacity:		House Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW62				
House Profile:		House Capacity:		House Occupancy:
Family		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW63				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW64				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW65 & SEAVIEW66			
House Profile:		House Capacity:	House Occupancy:
Family		4	4

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

HOUSE NUMBER SEAVIEW 67				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW 68				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW 69&70				
House Profile:		House Capacity:		House Occupancy:
Family		7		7
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 <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW 71				
House Profile:		House Capacity:		House Occupancy:
Family		3		3

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

HOUSE NUMBER SEAVIEW72				
House Profile:		House Capacity:	House Occupancy:	
Family		4	4	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW73 same family as SEAVIEW74				
House Profile:		House Capacity:	House Occupancy:	
Family		6	6	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input 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:				

HOUSE NUMBER SEAVIEW75 SEAVIEW76				
House Profile:		House Capacity:	House Occupancy:	
Family		6	6	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input 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:				

HOUSE NUMBER SEAVIEW 79				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW80				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW 81				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW82&SEAVIEW 83				
House Profile:		House Capacity:		House Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>

If *, please give details:

HOUSE NUMBER SEAVIEW85 & SEAVIEW84				
House Profile:		House Capacity:		House Occupancy:
family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? No				
If *, please give details:				

HOUSE NUMBER SEAVIEW87				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

HOUSE NUMBER SEAVIEW89				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

HOUSE NUMBER SEAVIEW90 & SEAVIEW91				
House Profile:		House Capacity:		House Occupancy:
Family		7		7
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 <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW 92				
House Profile:		House Capacity:		House Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW93				
House Profile:		House Capacity:		House Occupancy:
Family		5		5
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW94 SEAVIEW 95 SEAVIEW96				
House Profile:		House Capacity:		House Occupancy:
Family		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input type="checkbox"/>	Poor * <input checked="" type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details: kitchen needs cleaning				

HOUSE NUMBER SEAVIEW97		
House Profile:	House Capacity:	House Occupancy:

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

HOUSE NUMBER SEAVIEW 98					
House Profile:		House Capacity:		House Occupancy:	
Family		2		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

HOUSE NUMBER SEAVIEW99					
House Profile:		House Capacity:		House Occupancy:	
Family		4		4	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

HOUSE NUMBER SEAVIEW 100					
House Profile:		House Capacity:		House Occupancy:	
Family		4		4	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

HOUSE NUMBER SEAVIEW101					
House Profile:		House Capacity:		House Occupancy:	
Family		4		4	

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

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

HOUSE NUMBER SEAVIEW 103				
House Profile:		House Capacity:	House Occupancy:	
Family		3	3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW104				
House Profile:		House Capacity:	House Occupancy:	
Family		2	2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW105				
House Profile:		House Capacity:	House Occupancy:	
Family		2	2	

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

HOUSE NUMBER SEAVIEW107 SEAVIEW108				
House Profile:		House Capacity:		House Occupancy:
Family		6		6
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

HOUSE NUMBER SEAVIEW 110				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW 111

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

HOUSE NUMBER SEAVIEW 112					
House Profile:		House Capacity:		House Occupancy:	
Family		3		3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

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

HOUSE NUMBER SEAVIEW 114					
House Profile:		House Capacity:		House Occupancy:	
Family		4		4	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

HOUSE NUMBER SEAVIEW 115					
House Profile:		House Capacity:		House Occupancy:	
Family		4		4	

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

HOUSE NUMBER SEAVIEW116				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW117				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER SEAVIEW118 SEAVIEW119				
House Profile:		House Capacity:		House Occupancy:
Family		7		7
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 <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

GREENLAWNS

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

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

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

HOUSE NUMBER 5 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes	
If *, please give details:				

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

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

HOUSE NUMBER 9 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER 10 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>

If *, please give details:

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

HOUSE NUMBER 17 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER 18 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER 22 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Very Good	Adequate	Poor *	Needs urgent attention *

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

HOUSE NUMBER 20 Greenlawns					
House Profile:		House Capacity:		House Occupancy:	
Family		1		1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>	
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>					
If *, please give details:					

HOUSE NUMBER 21 Greenlawns					
House Profile:		House Capacity:		House Occupancy:	
Family		1		1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>	
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>					
If *, please give details:					

HOUSE NUMBER 24 Greenlawns					
House Profile:		House Capacity:		House Occupancy:	
Family		6		6	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>	
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>					
If *, please give details:					

HOUSE NUMBER 25 Greenlawns					
House Profile:		House Capacity:		House Occupancy:	
Family		1		1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

HOUSE NUMBER 26 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Unoccupied		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input type="checkbox"/>	Poor * <input checked="" type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

HOUSE NUMBER 27 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

HOUSE NUMBER 28 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order? Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>				
If *, please give details:				

HOUSE NUMBER 29 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		2		2

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

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

HOUSE NUMBER 31 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER 34 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		4		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER 35 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		1		1

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

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

HOUSE NUMBER 37 Greenlawns				
House Profile:		House Capacity:	House Occupancy:	
Family		3	3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

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

HOUSE NUMBER 39 Greenlawns				
House Profile:		House Capacity:	House Occupancy:	
Family		3	3	

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

HOUSE NUMBER 40 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER 41 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER 44 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input type="checkbox"/>	No * <input checked="" type="checkbox"/>
If *, please give details:				

HOUSE NUMBER 45 GREENLAWNS				
House Profile:		House Capacity:		House Occupancy:
Family		3		3

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

HOUSE NUMBER 46 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER 50 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER 51 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		4		4
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER 52 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		4		4

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

HOUSE NUMBER 53 Greenlawns				
House Profile:		House Capacity:	House Occupancy:	
Family		2	2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER 54 Greenlawns				
House Profile:		House Capacity:	House Occupancy:	
Family		2	2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER 56 Greenlawns				
House Profile:		House Capacity:	House Occupancy:	
Family		1	1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER 57 GREENLAWNS

House Profile:		House Capacity:		House Occupancy:	
Family		1		1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					
HOUSE NUMBER 59 Greenlawns					
House Profile:		House Capacity:		House Occupancy:	
FAMILY		2		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

HOUSE NUMBER 61 Greenlawns					
House Profile:		House Capacity:		House Occupancy:	
FAMILY		2		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

HOUSE NUMBER 62 Greenlawns					
House Profile:		House Capacity:		House Occupancy:	
Family		4		4	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

HOUSE NUMBER 63 Greenlawns					
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House Profile:		House Capacity:		House Occupancy:	
Family		2		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			No		
If *, please give details:					

HOUSE NUMBER 65 Greenlawns					
House Profile:		House Capacity:		House Occupancy:	
Family		3		3	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>	
If *, please give details:					

HOUSE NUMBER 66 Greenlawns					
House Profile:		House Capacity:		House Occupancy:	
Family		2		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

HOUSE NUMBER 67					
House Profile:		House Capacity:		House Occupancy:	
Family		1		1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input 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:					

HOUSE NUMBER 70 Greenlawns					
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House Profile:		House Capacity:		House Occupancy:	
Family		2		2	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>	
If *, please give details:					

HOUSE NUMBER 69 Greenlawns					
House Profile:		House Capacity:		House Occupancy:	
Family		4		4	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>	
If *, please give details:					

HOUSE NUMBER 115 Greenlawns					
House Profile:		House Capacity:		House Occupancy:	
Family		1		1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>	
If *, please give details:					

HOUSE NUMBER 117 Greenlawns					
House Profile:		House Capacity:		House Occupancy:	
Family		1		1	
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>	

If *, please give details:

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

HOUSE NUMBER 120 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER 121 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER 122 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good	Adequate	Poor *	Needs urgent attention *
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

HOUSE NUMBER 137 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>		
If *, please give details:				

HOUSE NUMBER 138 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>		
If *, please give details:				

HOUSE NUMBER 139 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>		
If *, please give details:				

HOUSE NUMBER 140 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>

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

HOUSE NUMBER 141 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input checked="" type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?		Yes <input type="checkbox"/> No * <input checked="" type="checkbox"/>		
If *, please give details:				

HOUSE NUMBER 142 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/> No * <input type="checkbox"/>		
If *, please give details:				

HOUSE NUMBER 143 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>		
If *, please give details:				

HOUSE NUMBER 158 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>

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

HOUSE NUMBER 159 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>		
If *, please give details:				

HOUSE NUMBER 160 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?		Yes <input checked="" type="checkbox"/> No* <input type="checkbox"/>		
If *, please give details:				

HOUSE NUMBER 161 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?		No		
If *, please give details:				

HOUSE NUMBER 167 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		3		3
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER 168 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER 169 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Unoccupied		2		2
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No * <input type="checkbox"/>
If *, please give details:				

HOUSE NUMBER 171 Greenlawns				
House Profile:		House Capacity:		House Occupancy:
Family		1		1
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cleanliness	Very Good <input type="checkbox"/>	Adequate <input checked="" type="checkbox"/>	Poor * <input type="checkbox"/>	Needs urgent attention * <input type="checkbox"/>
Is everything in working order?			Yes <input checked="" type="checkbox"/>	No* <input type="checkbox"/>

If *, please give details:

General Representations

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

--

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.

Part 3
Sensitive Information

Independent Inspection

Centre: **Mosney**

Date of Inspection: 5/9/19

Child Protection

THIS IS NOT A CHILD PROTECTION REFERRAL FORM

***If you observed any child protection issues while conducting the inspection, please indicate which category the incident relates to:**

Case Type	Check as appropriate
Unsupervised child	<input type="checkbox"/>
Disruptive behaviour	<input type="checkbox"/>
Inappropriate Sexual behaviour	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>
Emotional Abuse	<input type="checkbox"/>
Physical abuse / assault	<input type="checkbox"/>
Neglect	<input type="checkbox"/>
Other (give general details below)	<input type="checkbox"/>

Details:

*** Please note that this is solely the initial perception of the inspector.**

If an inspector witnesses a child protection or welfare incident, he / she must:

- (a) Report the matter to the Designated Liaison Person in the centre, and;
- (b) Report the matter to the Child and Family Services Unit on return to the RIA Office.

Staff on duty at time of inspection:

Do you have a full list of staff employed at the centre?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Do you have a list of the Staff on duty on the day of the inspection?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Do you have a list of the Designated Liaison Persons (Child Protection)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Please attach the above lists to the end of the inspection report.

If you do not have a separate list, please provide

[illegible]

Personal Representations

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

--

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

--

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

--

Summary Sheet

Name of Centre:	Mosney Centre
Address:	Mosney, Co. Meath
Proprietor :	Phelim McCloskey
Manager:	Pat McKenna
Contact Name:	Pat McKenna
Capacity Per MOA (Current Occupancy):	800 (812)
Date of Inspection:	5/9/19

Fire Safety:

Woodland Grove House No. 6 Resident smoking in house.

Food Safety:

Chicken Goujons in deli when checked were only 44 deg C – frequency of checking needs to be increased

Screendoor missing on kitchen back entrance

Houses:

Seaview Houses 8,13,16 & 18 need window restrictors use reviewed

Seaview House 36 kitchen blinds need replacing

Seaview House 94 Kitchen needs cleaning

Woodland View House 9/10 rubbish left at rear off house on path

Woodland Grove House 1 Bathroom has some damp

Woodland Grove House 8 Bathroom has some damp

Woodland Avenue No.8 Bathroom has damp

Woodland Avenue No. 19 Ceiling of house has dampness

Woodland Avenue No.18 Electrical extension leads taped to wall crossing room.

Comment:

Centre is maintained very well and numerous amenities onsite for families and children.



Seirbhísí an tSoláthair Cosaint Idirnáisiúnta
International Protection Procurement Services

Mr. Phelim McCloskey,
Mosney Plc.
Mosney Accommodation Centre,
Mosney,
Co. Meath,

27th November 2019.

Dear Mr. McCloskey,

QTS carried out an inspection at Mosney Accommodation Centre at the request of International Protection Procurement Services on 5th September 2019. 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 outlined in the report. Please reply in writing on or before Wednesday 18th December outlining the steps you have taken to address the issues raised.

Yours sincerely,

Bernie Loughrey
Internal Inspection Unit
International Protection Procurement Services



Mosney, Drogheda, Co. Meath, Ireland, A92 ED6V
(041) 98 29200 (041) 98 29444 admin@mosney.ie

Our Ref: PMcC/MP

12th December 2019

Ms. Bernie Loughrey
Internal Inspection Unit
INTERNATIONAL PROTECTION PROCUREMENT SERVICES
P.O. Box 11487
DUBLIN 2

Dear Ms. Loughrey

I confirm receipt of your letter dated 27th November 2019 together with a copy of the report of the inspection carried out on the 5th September 2019 by Shane MacLoughlin from QTS Limited.

I also confirm that the issues identified as requiring attention have now been addressed as per attached details.

In addition, I would also like to point out a number of amendments to independent inspection report as some of the details are historical and not correct. They are as follows:-

Fire Safety

6 Woodland Grove – resident was warned regarding risk of smoking in house and the fact smoking indoors was not allowed

Food Safety

Temperature checks on all food are carried out on a regular basis and recorded accordingly. The chicken goujons detected at 44 degrees centigrade were removed from service and disposed of.

The screen door at the back entrance at the Kitchen was in the process of being cleaned and was immediately put back in situ shortly after the inspection visit.



Houses

Seaview house nos. 8, 13, 16 and 18 – all window restrictors have been checked and residents advised of the need to continually check and report any issues, where necessary.

Seaview house no. 36, the kitchen blinds have been replaced.

Seaview house no. 94, kitchen has been thoroughly cleaned.

Woodland View house no. 9, rubbish has been removed and resident spoken to regarding bags left outside at rear of house.

Woodland Grove house no. 1 and 8 and Woodland Avenue house no. 8 and 19, walls have now been deep cleaned and residents advised to ventilate bathrooms.

Woodland Avenue house no. 18, electrical extensions in this house have been removed and resident advised of the danger of using same.

Please note that the following items need to be amended in the inspection report:-

- The DSP/CWO name should read Niall Reynolds.
- Food Safety date of last visit – 12th April 2018.
- Items no. 10, 11 and 12 – Mosney Food Hall is open now since January 2017. All residents can now avail of independent living at Mosney therefore Sections 10, 11 and 12 no longer apply.
- Item no. 13 – Indoor Facilities – could you please delete the word “chalet” and insert the word “house or apartment” as these descriptions are more appropriate. There are no “chalets” in use at Mosney. All residents are accommodated in houses and apartments with their own key to their own home where they can cook and live independently.
- Item no. 14 – Transport Arrangements – the frequency of the service is six return journeys to Drogheda each day and not four as stated. Please see attached Bus Timetable.

Yours sincerely



PHELIM McCLOSKEY

Encl.



BUS TIMETABLE

MONDAY TO SATURDAY

To Drogheda

From Drogheda

8.30am

9.15am

9.45am

11am

11.30am(SAT 11.15)

12 noon

1.15pm

1.45pm

2.15pm

2.45pm

3.15 pm

4.45pm

RETAIL PARK - HOMEBASE

SATURDAY

To Retail Park

From Retail Park

9.45am

11.45am

2.15pm

4.15pm

