An Roinn Dlí agus Cirt,
Gnóthaí Baile agus Imirce
Department of Justice,
Home Affairs and Migration

*Cosaint Idirnáisiúnta agus Lánpháirtíocht | Ceartas Sibhialta*
*International Protection and Integration | Civil Justice*
**An Roinn Dlí agus Cirt, Gnóthaí Baile agus Imirce**
*Department of Justice, Home Affairs and Migration*
**51 Faiche Stiabhna, Baile Átha Cliath 2, D02 HK52**
51 St Stephen's Green, Dublin 2, D02 HK52

**International Protection Procurement Services Inspection Report, in accordance with the terms and conditions of the contracted provision of International Protection Accommodation Services.**

Details of Inspection:

| | | | | | |
|---|---|---|---|---|---|
| Accommodation ID | IPPS-A-00255 (Viking House) | Contractor | | [redacted] | |
| Inspector | [redacted] | Manager on Duty | | [redacted] | |
| Type of Accommodation | Commercial | Telephone Number | | [redacted] | |
| Independent Living Details | Communal Facilities | Email for Report | | [redacted] | |
| Date of Inspection | 16/02/2026 | **Provider** Contract Capacity | 28 | **Confirmed** Contract Capacity | [redacted] |
| Name of Centre | Custom House (Part of Viking House) | Occupancy on day of inspection | | [redacted] | |
| Address of Centre | [redacted] | Centre Profile (Singles, Families etc.) | | [redacted] | |

The following areas will be inspected, please note this list is not exhaustive:

- ✓ Cleaning arrangements for all areas in the centre to include waste disposal and pet management.
- ✓ Communal areas to include corridors, stairs, reception area, public bathrooms, laundry areas, recreation rooms, play areas and any other indoor facilities.
- ✓ External areas such as grounds, parking, access and any other outdoor facilities
- ✓ General Security and Health & Safety Arrangements including notices and visiting arrangements.
- ✓ In house shop where appropriate including points, dates of food and range of food
- ✓ Fire Safety, including registers, notices, records and maintenance of fire safety equipment.
- ✓ Medical equipment and notices such as first aid, etc.
- ✓ Staff Training Records to include first aid, fire safety, DLP.
- ✓ Kitchen Area to include cooking stations, fridges/freezers, storage, snacks available, dining area, menus & food options as applicable.
- ✓ Bedrooms to include lighting, heating, doors, windows, bathrooms, notices, fire detection, towels, bedlinen, duvets, toiletries/sanitary products, general upkeep/cleanliness.

| **1. Administration**<br>1.1 Office Admin | |
|---|---|
| Latest Resident Register Available | Yes ☒ No ☐ |
| Full List of Staff Employed including roles & duties | Yes ☒ No ☐ |
| Separate list of designated liaison persons for child protection | Yes ☐ No ☒ |
| Are residents provided with house rules on arrival? | Yes ☒ No ☐ |
| How are house rules explained? | Online Welcome Pack & Induction |
| Is there a procedure to report maintenance issues? | Yes ☒ No ☐ |
| Outline Procedure | Log Book<br>Ensure both logged date and actioned date recorded |
| Are maintenance issues actioned within a timely fashion?<br>*(within 48 –72hrs)* | Yes ☐ No ☐<br>Unknown as above |
| If self-catering, how is the allocation of points managed?<br>(vouchers/rechargeable debit cards etc.) | N/A ☐<br>Online In House Shop |
| Are the grocery points allocated in line with IPAS guidelines? | Yes ☒ No ☐ N/A ☐ |
| How often are bedrooms inspected by staff? | Weekly |
| Who is responsible for maintaining the cleanliness of bedrooms? | Residents |
| What arrangements are in place if rooms are not cleaned sufficiently? | Warning System if required |
| ~~1.2 Child Protection~~ | ~~*Section not applicable to Adult Only Centres*~~ |
| ~~Does the centre have a Child Safeguarding Statement?~~ | ~~Yes ☐ No ☐~~ |
| ~~Was the CSS completed using a risk assessment for the centre?~~ | ~~Yes ☐ No ☐~~ |
| ~~Is the CSS publicly displayed?~~ | ~~Yes ☐ No ☐~~ |
| ~~If no to any of above, please explain~~ | |
| ~~Are all visitors verbally informed of the child protection policies and asked to sign an APPENDIX 2 declaration agreeing to adhere to the child protection policy?~~ | ~~Yes ☐ No ☐~~ |
| ~~Do you maintain a record of the Appendix 2?~~ | ~~Yes ☐ No ☐~~ |
| ~~Have the DLP's received Tusla approved Children First Training?~~ | ~~Yes ☐ No ☐~~ |

| | |
|---|---|
| ~~Does the centre use the Appendix 5 form to formalise child minding arrangements?~~ | ~~Yes ☐ No ☐~~ |
| **1.3 General Safety & Security** | |
| Confirm 24-hour staff supervision is in place? | Yes ☐ No ☒ No staff on site – Remote CCTV monitored from Viking House |
| Confirm 24/7 PSA licenced security staff are in place? | Yes ☐ No ☒ |
| Is security roster available? | Yes ☐ No ☒ |
| Is security provided by an external company? | Yes ☐ No ☒ |
| If yes, list company name | |
| Does the centre have adequate CCTV? | Yes ☐ No ☒ No coverage of corridors |
| Confirm all bedroom doors are lockable by the resident? | Yes ☒ No ☐ |
| Are residents issued a key/card to their own bedroom? | Yes ☒ No ☐ |
| Are residents issued a key/card to the main door? | Yes ☒ No ☐ |
| Are visitors allowed? | Yes ☐ No ☒ Visitors allowed to Viking House |
| Is there a sign in book for visitors? | Yes ☒ No ☐ |
| Does it include a CSS declaration? | Yes ☐ No ☐ N/A ☒ |

| | |
|---|---|
| | |
| Where is it located? | Viking House |
| Is there a list of emergency numbers available in the manager's office? | Yes ☒ No ☐ |
| Number of First Aid Kits in Centre | 4 |
| Location of First Aid Kits | Kitchens |
| Who is Responsible for Restocking? | Centre Management |
| How often restocked? | Monthly |
| Spot check 3 items to ensure products within date | -<br>-<br>- |
| What provisions are in place for waste removal from the centre? | [redacted] |
| What provisions are in place for pest control management at the centre? | [redacted] |

| 1.4 Resident Comfort | |
|---|---|
| Type of Heating in the centre | Oil ☐ Gas ☒ Electric ☐ |
| Do residents have control of the heating in their bedrooms? | Yes ☒ No ☐ |
| If no, please give details of program times | |
| Is there space available for residents with disabilities and limited mobility? | Yes ☐ No ☒ |
| Is there additional storage available for bulky items such as suitcases etc? | Yes ☒ No ☐ |
| Are tea/coffee/Drinking Water & Healthy Snacks available 24/7? | Yes ☐ No ☒<br>N/A Own Door Living ☐ |
| If yes, where are these available? | Tea/Coffee/Drinking Water/Snacks to be provided |
| If yes, list what is available | |
| What meal arrangements are available to late arrivals, either when kitchen closed, or shops are closed? | Non Perishables Held for Emergencies |
| Is there a specific TV System in Place? | No ☐ Freeview ☐<br>Cable/Satellite ☐ Smart TV ☒ |
| Are any of the listed **dedicated** rooms available? | Meeting Room ☐<br>Indoor Children's Playroom ☐<br>Gym ☐<br>TV Room ☐<br>Recreation Room ☐<br>Non-denominational religious room ☐<br>Outdoor Rec Space ☐ |
| | Outdoor Children's Play Area ☐<br>Creche on Site ☐<br>Study Room ☐ |
| Is there Wi-Fi throughout the centre? | Yes ☐ No ☐ |
| Can document printing be facilitated? | Yes ☐ No ☐ |
| **1.5 Resident Wellbeing** | |
| Are items being provided to residents FOC, outside of the points allocated to residents on a weekly basis? | Yes ☐ No ☒ |
| Items being provided FOC? | Feminine Hygiene Products<br>N/A☐ Yes ☐ No ☐<br>Baby Wipes<br>N/A☐ Yes ☐ No ☐<br>Baby Nappies<br>N/A☐ Yes ☐ No ☐<br>Baby Formula<br>N/A☐ Yes ☐ No ☐<br>Baby Lotions<br>N/A☐ Yes ☐ No ☐<br>Shampoo<br>Yes ☐ No ☐<br>Hand Soap |

| | |
|---|---|
| | Yes ☐ No ☐<br><br>Shower Gel<br>Yes ☐ No ☐<br><br>Toothbrush<br>Yes ☐ No ☐<br><br>Toothpaste<br>Yes ☐ No ☐<br><br>Children's Toothbrush<br>N/A☐ Yes ☐ No ☐<br><br>Laundry Powder / Tablets / Liquid<br>Yes ☐ No ☐<br><br>Other<br>Yes ☐ No ☐<br><br>If Yes, please specify...<br><br>Practice of allocating additional points for toiletries and laundry powder is to cease. These should be FOC in house or zero priced on the online shop |
| Is there a Resident's Committee in the centre? | Yes ☒ No ☐ |
| **1.6 Transport Arrangements** | |
| Is there a transport service provided by the centre | Yes ☐ No ☒ |
| If yes, list timetable | |
| If no, please explain | Public Transport Nearby ☒<br>Within 2km of town centre ☒ |
| **1.7 Cleaning** | |
| Are there cleaning materials and equipment provided by the centre for resident use? | Yes ☒ No ☐ |
| What is the procedure to access? | From Viking House |
| Are cleaning products/equipment stored away from children? | Yes ☐ No ☐ N/A ☒ |

| 2. Visual Inspection<br>2.1 External Areas | | | | | | |
|---|---|---|---|---|---|---|
| Is there adequate access available for residents with disabilities and limited mobility? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Is exterior (including grounds, car park, access gates) of centre in good condition? | | | Yes | ☒ | No | ☐ |
| **2.2 Mandatory Public Notices** | | | | | | |
| Designated Liaison Person Name & Contact Details | Yes | ☐ | No | ☐ | N/A | ☒ |
| Notices displayed ***throughout*** centre regarding parental supervision of children | Yes | ☐ | No | ☐ | N/A | ☒ |
| HSE Breastfeeding posters | Yes | ☐ | No | ☐ | N/A | ☒ |
| Up to date house rules | | | Yes | ☐ | No | ☒ |
| IPAS House Rules | | | Yes | ☐ | No | ☒ |
| Complaint forms | | | Yes | ☐ | No | ☒ |
| Accident/Incident reporting procedures | | | Yes | ☐ | No | ☒ |
| IOM voluntary return poster | | | Yes | ☐ | No | ☒ |
| Anti human-trafficking | | | Yes | ☐ | No | ☒ |
| No to violence and harassment | | | Yes | ☐ | No | ☒ |
| A list of emergency numbers | | | | | | |
| *Local Garda Station* | | | Yes | ☐ | No | ☒ |
| *Local Hospital* | | | Yes | ☐ | No | ☒ |
| *Local Fire Station* | | | Yes | ☐ | No | ☒ |
| *Duty Social Worker Team* | | | Yes | ☐ | No | ☒ |
| *Out of Hours GP* | | | Yes | ☐ | No | ☒ |
| *IPAS email address* | | | Yes | ☐ | No | ☒ |
| **2.3 Fire Safety, Exits, Lighting, Detectors, Notices** | | | | | | |
| Are exits clear from obstruction? | | | Yes | ☒ | No | ☐ |
| Are they unlocked? | | | Yes | ☒ | No | ☐ |
| Are fire exits clearly posted? | | | Yes | ☒ | No | ☐ |

| Are fire doors kept closed? | Yes ☒ No ☐ |
|---|---|
| Do the emergency lighting and smoke detectors appear to be in good order? | Yes ☒ No ☐ |

**Emergency Lighting Service Records**

| *Date* | *Company* | *Comments* |
|---|---|---|
| | | Not Available for Custom House – To be submitted for review |
| | | |

**Fire Alarm *(Panel)* / Carbon Monoxide & Detection System Service Records**

| *Date* | *Company* | *Comments* |
|---|---|---|
| 06/02/26 | [redacted] | N/A |
| 13/11/25 | [redacted] | Commissioning |

**Firefighting Equipment Service Records (Extinguishers/Hose Reels/Blankets)**

| *Date* | *Company* | *Comments* |
|---|---|---|
| 10/07/25 | [redacted] | N/A |
| 01/26 | [redacted] | N/A |

**Fire Exit Doors/Means of Escape Inspections**

| Date | Name | Comments |
|---|---|---|
| 15/02/26 | [redacted] | N/A |
| 14/02/26 | [redacted] | N/A |

| **Fire Drill Schedule** | | | | |
|---|---|---|---|---|
| *Date & Time* | *No of Staff* | *No of Residents* | *Evacuation Time* | *Comments* |
| 04/10/25 | 1 | 13 | 5:00 | N/A |
| 17/07/25 | 2 | 12 | 10:00 | N/A |
| **Staff Fire Safety Instruction & Training** | | | | |
| *Staff Name* | *Course Provider* | *Duration* | *In Person?* | *Date* |
| Records not available – to be submitted for review | | | | |
| | | | | |

| **2.4 Interior Communal Areas/Corridors** | |
|---|---|
| Is the area generally clean and free from obstruction? | Yes ☒ No ☐ |
| If no, please give details | |
| Have you noticed any issues visually requiring attention? | Yes ☐ No ☒ |
| If yes, please give details | |
| Is there space available for residents with disabilities and limited mobility? | Yes ☒ No ☐ |

| **2.5 Laundry Area** | ***Applicable only if on site*** |
|---|---|
| Are laundry facilities available on site? | Yes ☒ No ☐ |
| If no, what service is provided? | N/A ☐ |
| Who launders towels & bedlinen? | Residents ☒<br>Centre Staff ☐<br>External Company ☐ |
| What procedure is in place for exchange/replacement of new towels & bed linen? | From Viking House |
| How is washing powder/tablets supplied? | N/A ☐<br>Additional Points |
| Number of Washers (2 per 25 residents) | N/A ☐<br>2 |
| Number of Dryers (2 per 25 residents) | N/A ☐<br>2 |
| Do they appear to be in working order? | Yes ☒ No ☐ |
| If no, please give details. | |

| 2.6 Kitchen Area | *Applicable to full board and communal self-catering* |
|---|---|
| Are food stuffs stored off the floor and on shelving? | Yes ☒ No ☐ N/A ☐ |
| Is there a record of daily cleaning of kitchen, food service & dining areas? | Yes ☒ No ☐ N/A ☐ |
| Is there a record of periodic deep cleans of areas such as behind cookers/fridges etc? | Yes ☒ No ☐ N/A ☐ |
| Are bins covered/lidded? | Yes ☐ No ☒ N/A ☐ |
| Are fly screens present on external windows/doors? | Yes ☐ No ☒ N/A ☐ |
| **2.7 Self Catering** | |
| Are there adequate facilities for the preparation and cooking of food. *(1 stations per 15 residents)* | Yes ☒ No ☐ |
| Please outline number of stations | |
| Does each cooking station include the following facilities | Oven Yes ☒ No ☐<br>Hob Yes ☒ No ☐<br>Sink Yes ☒ No ☐<br>Counter Area Yes ☒ No ☐<br>Pots Yes ☒ No ☐<br>Pans Yes ☒ No ☐<br>Utensils Yes ☒ No ☐<br>Crockery Yes ☒ No ☐<br>Cutlery Yes ☒ No ☐<br>24/7 Hot & Cold Water Yes ☒ No ☐<br>Extractor Fan Yes ☐ No ☐<br>Microwave Yes ☒ No ☐<br>Toaster Yes ☒ No ☐ |

| | |
|---|---|
| | Kettle Yes ☒ No ☐<br>Adequate Cleaning Equipment Yes ☒ No ☐ |
| If no, please detail. | |
| Does each resident have access to adequate dry food, fridge & freezer storage? | Yes ☐ No ☒ |
| Is the dining space for residents within reasonable proximity of the cooking facilities? | Yes ☐ No ☒ |
| What is the approximate seating available? | 0 – 20 ☐<br>20-50 ☐<br>50-80 ☐<br>80 – 100 ☐<br>100 + ☐<br>No dining space in Custom House |
| Does the kitchen area have non-slip flooring? | Yes ☒ No ☐ |
| Does the kitchen have appropriate lighting? | Yes ☒ No ☐ |
| Does the kitchen have the following: | Fire blanket Yes ☒ No ☐<br>Fire Extinguisher Yes ☒ No ☐<br>First aid box with burns kit Yes ☐ No ☒ |
| If no, please explain | Kitchens require first aid kits with burns kits |

| **2.8 Food Hall/Shop** | *Only applicable to centres with Food Hall / Shop on site* |
|---|---|
| Is there a till system in place utilising electronic point of sale? | Yes ☐ No ☐ N/A ☐ |
| If no, please outline arrangements | |
| Were the points value of items clearly displayed? | Yes ☐ No ☐ N/A ☐ |
| Relevant certification (e.g. Halal) on display? | Yes ☐ No ☐ N/A ☐ |
| Appropriate amount of storage? (e.g. Shelving, cold storage, dry storage) | Yes ☐ No ☐ N/A ☐ |
| Is the area generally clean? | Yes ☐ No ☐ N/A ☐ |
| Have you noticed any issues requiring attention? | Yes ☐ No ☐ N/A ☐ |
| If yes, please explain | |
| Do the food products available reflect a varied diet and the reasonable needs of the residents? (e.g. Halal, Gluten Free, Vegetarian, Vegan) | Yes ☐ No ☐ N/A ☐ |
| Please spot check 3 items to ensure points value is being correctly applied at the till | -<br>ONLINE SHOP<br>- |
| **2.9 Fully Catered** | *Applicable only if full catering* |
| Is the food prepared on site? | Yes ☐ No ☐ |
| Has a HACCP system been implemented? | Yes ☐ No ☐ |
| Evidence of same shall be provided by means of FSAI Safe Catering Pack or Similar | Available ☐ Not Available ☐ |

| | |
|---|---|
| Have Kitchen Staff undertaken food safety training, evidence should be provided? | Yes ☐ No ☐ |
| Are residents consulted regarding menu/dietary requests? | Yes ☐ No ☐ |
| If yes, frequency of consultation | |
| Describe food provided for children's packed lunches etc. | N/A ☐ |
| Is the menu cycle on display? | Yes ☐ No ☐ |
| Does it correspond with options available? | N/A ☐<br>Yes ☐ No ☐ |
| If no, please explain why | |
| Were appropriate fresh foods available for infants? | N/A ☐<br>Yes ☐ No ☐ |
| In your opinion, does the food on offer appear to provide good variety? | Yes ☐ No ☐ |
| What provisions are made during Ramadan? | N/A ☐ |
| What arrangements are made for residents who were not present during mealtimes due to exceptional circumstances? | N/A ☐ |
| Is there enough seating for residents present to sit and eat meals? | Yes ☐ No ☐ |
| If no, what arrangements are in place | |

| | |
|---|---|
| ~~What is the approximate seating available?~~ | ~~0 – 20~~ ☐<br>~~20-50~~ ☐<br>~~50-80~~ ☐<br>~~80 – 100~~ ☐<br>~~100 +~~ ☐ |
| **2.10 Sanitary Provisions** | |
| Outline number of WC available<br>*(ratio 1:8 required)* | 4 |
| Are **Wash Hand Basins** with **24/7 Hot & Cold Water** available? | Yes ☒ No ☐<br>Yes ☒ No ☐ |
| Outline number of WHB available<br>*(ratio 1:6 required)* | 4 |
| Are **showers** with **24/7 hot & cold water** with **closable door or cubicle**? | Yes ☒ No ☐ |
| Outline the number of showers available?<br>*(ratio 1:12 required)* | 4 |

Bedroom/apartment/townhouse/mobile homes checklist for inspector

- Fire notices on display
- Fire blanket present in shared cooking areas and Laundry Areas.
- Smoke alarm and related hazard detection systems
- Identify and highlight any trip hazards
- No unauthorised electrical items in bedrooms
- Windows
- Doors
- Bathrooms (mould/damp)
- No obstructions to fire exits
- Confirm residents have no complaints or issues
- For own door accommodation, please check residents have been provided with the following: Delph, cutlery, pots, pans, kettle, cooking appliances/utensils.
- Inspector to ensure that resident numbers in room matches the bed management form supplied to IPAS as part of the property handover template
- Inspector should ensure individual rooms are allocated to residents with specific requirements (health, disability, sexual orientation, gender identity, etc.)
- All rooms are lockable.
- Inspectors should ensure that bedrooms contain, beds, wardrobe/chest of drawers and lockable units.
- Central storage area for large items, e.g., suitcases.
- Inspector to ensure no bunk beds unless requested or persons under the age of 15 (unless specified in contract).
- Please check residents have been provided with pillows, duvets, blankets, bed sheets and towels. (minimum of 2 sets).
- Room Dimensions

**5. Child Protection**

**Note: This is NOT a child protection referral form.**

**If an inspector witnesses a child protection or welfare incident, they must:**

**A: Report the matter to the designated liaison person in the centre**

**AND**

**B: Report the matter to TUSLA via the online portal**

**All serious matters should be immediately reported to the relevant authorities, and the inspector will remain on site until they arrive**

**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 | ☐ |
| Inappropriate Sexual Behaviour | ☐ |
| Domestic Abuse | ☐ |
| Emotional Abuse | ☐ |
| Physical Abuse | ☐ |
| Neglect | ☐ |
| Tusla Referral No: | |
| General Details of Incident | |

## 6. Summary Details

- **RED** - Contractual breach/high risk: immediate corrective action
- **AMBER** - Medium risk/partial non-conformance; resolution within agreed 14-day timeframe
- **GREEN** - Low operational concern, monitor for improvement

| Issues | Action Required | Priority | Expected Resolution Date | Evidence of resolution attached | Contractor Comment |
|---|---|---|---|---|---|
| Electrical Equipment in Room | N/A ☐<br>Several rooms with extension leads<br>Fridges in all bedrooms to be removed | RED ☒<br>AMBER ☐<br>GREEN ☐ | Immediate | Yes ☐<br>No ☐ | |
| Mould/Damp | N/A ☐<br>Room 53C has serious damp issues from a leak, this is to be remedied as a matter of urgency | RED ☒<br>AMBER ☐<br>GREEN ☐ | 14 days | Yes ☐<br>No ☐ | |
| Overcrowding | N/A ☐<br>[redacted] | RED ☐<br>AMBER ☐<br>GREEN ☒ | | Yes ☐<br>No ☐ | |
| Fire Safety Issues | N/A ☒ | RED ☐<br>AMBER ☐<br>GREEN ☐ | | Yes ☐<br>No ☐ | |
| Food Safety Issues | N/A ☐<br>Food should not be stored in bedrooms | RED ☒<br>AMBER ☐<br>GREEN ☐ | Immediate | Yes ☐<br>No ☐ | |

| | | | | | |
|---|---|---|---|---|---|
| Security & Staffing | N/A ☒<br>There is in building staff presence or supervision | RED ☒<br>AMBER ☐<br>GREEN ☐ | Immediate | Yes ☐<br>No ☐ | |
| Fixtures & Fittings | N/A ☒ | RED ☐<br>AMBER ☐<br>GREEN ☐ | | Yes ☐<br>No ☐ | |

## 7. Additional Commentary

[redacted]

**A copy of the fire cert for Custom House as well as the Insurance Certificate for the building is to be submitted for review.**

**Inspection Report Completed By:**

**PRINT:** [redacted] **Signed:** [redacted] **Date:** 16/02/2026

**Centre Manager**

**I can confirm that an inspection took place on the date below and that all issues have been outlined to me by the inspector.**

**PRINT:** [redacted] **Signed:** [redacted] **Date:** 16/02/2026