IPAS/IPPS

Internal Inspection Report

Centre:	**Kinsale Road**
Inspector:	**Bernie Loughrey**
Date of Inspection:	**18/12/2019**
Time of Arrival & Departure:	**10:15 – 15.45**

Part 1

General Information on Services

Internal Inspection Report

Centre: **Kinsale Road Accommodation Centre**

Date of Inspection: *18th December 2019*

1. CENTRE DETAILS

Name and address of Centre	**Kinsale Road Accommodation Centre, Kinsale Road, Cork.**

Contractor	**Aramark**
Manager	**Breda Keane**
Who deputises for manager in his/her absence?	**Give Job Title only** **Manager**

Telephone Number	**021 4318932**

Current Contracted Capacity	**299**
Current Occupancy (today)	**276**
Current Centre Profile (e.g., singles, families etc.)	**Families, single male & single female**

HSE Area	**Cork**
Public Health Nurse	**Angela Dennehy**
DSP / CWO name	**Roseanne Donovan**
Environmental Health Officer name	**Karen McDermott**
Local Fire Officer Name	**Gerald Malone**
Local Fire Station	**Cork City (Angelesa street)**

Is the Centre certified by any Quality Management System (i.e. Q Mark, ISO)?:	Yes ☒ No ☐
If yes, please give details: **ISO 9901**	
What was the date of the last certification?	**16th December, 2017**
Have you a copy of the Certification	

2. Please provide a copy of the following

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

3 GENERAL SECURITY & EMERGENCY DETAILS

Is 24 hour supervision provided? (Y/N)	Yes ☒ No ☐
Give details of roster hours	**24 HR SECURITY**
Is security provided by external company? (Y/N)	Yes ☒ No ☐
If yes, give name of company:	**Synergy**
Does the centre have CCTV? (Y/N)	Yes ☒ No ☐
Is a list of emergency numbers available in the Manager's office?	Yes ☒ No ☐
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 ☒ No ☐ If no, give details:
Are first aid kits available? (Y/N)	Yes ☒ No ☐
Where and how many?	**1 x reception, 1 x kitchen and 1 x main gate**
Who is responsible for first aid restocking?	*Job title **only** (not name) of person:* **Office manager**
Is there a defibrillator in the centre? How many staff been trained to use it?	Yes ☐ No ☒

4 HEATING ARRANGEMENTS

What type of heating is used in the centre?	**Electric**
Do residents have control of the heating in their own bedroom?	Yes ☒ No ☐
If no, what arrangements are in place?	
What are the heating 'ON' times?	**Individually controlled**

5 HOUSE RULES

Are residents provided with a copy of the House Rules on arrival?	Yes ☒ No ☐
How does centre management explain house rules to residents on arrival?	**Rules are explained during induction on arrival**

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

Are residents issued with key for their bedroom?(Yes/No)	Yes ☒ No ☐
Are residents issued with key for main door? (Yes/No)	Yes ☐ No ☒
If no, give details	**Blocks are never locked**
Are there procedures to allow residents to receive visitors? (Give details)	**Visitors sign in at reception**
Outline visiting times :	**8am-10pm**
In what areas are visitors allowed in the centre?	**Communal rooms / lounges**

Any other relevant information:	
Is there a facility for storage of residents' valuables*? (Give details.) *(* Storage is at resident's own risk)*	**Yes in office**
What toiletries are provided to residents on arrival?	**Shampoo, shower gel, tooth brush, tooth paste.**
What arrangements are in place to replenish these items?	**Monthly and on demand.**

7 ARRANGEMENTS FOR MAINTENANCE

Does the centre have a written procedure in place for residents to report maintenance issues? (Yes/No)	Yes ☒ No ☐
Is there a maintenance day book? (Yes/No)	Yes ☒ No ☐
Describe the maintenance procedure at the centre: **Day book at reception logs maintenance duties/actions required. If job requires structural remedies then OPW must undertake them.**	

8 CHILD PROTECTION

Are measures in place to inform staff and visitors of RIA's Child Protection Policy? (Give details)	**Yes**
Are visitors asked to sign a declaration agreeing to adhere to the child protection policy?	**Yes**
Where is declaration held?	**In manager's office and in reception.**
Is there a sign in book for visitors? Where?	**Front gate**
Are there notices on public display giving name and contact details of Designated Liaison Person? Where?	**Yes**
Have Designated Liaison Persons received HSE training?	**Yes**
Are notices prominently displayed regarding parental supervision of children? Where?	**Yes, Dining hall, notice boards in all buildings.**

9 FOOD SAFETY

Has a HACCP system been implemented? (Yes/No)	Yes ☒ No ☐
Have the premises been inspected by an Environmental Health Officer? (Yes/No)	Yes ☒ No ☐
Date of last visit:	**January 2018**

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

Are residents consulted regarding menu / dietary requests? (Give details.)	**Yes**
Provide details opposite: Which of the following are provided for school children's packed lunches: • Sandwich? What sandwich fillings are available: Cheese? Ham? Chicken? Tuna? Jam? Other? • Drinks? Juice? Water? • Yogurt? • Fruit? • Other	**Sandwich bread, cheeses, variety of fruits, yogurts, juices.** Please also provide details of the system for distribution of school lunches: **Available for collection from 07.30am**
Is infant formula kept out of public view?	**Yes**
What arrangements are in place for distribution of infant formula?	**Available on Tuesdays and on request**

11 ARRANGEMENTS FOR REFRESHMENTS / MEALS OUTSIDE NORMAL MEAL TIMES

Are tea / coffee / drinking water / Snacks etc. available outside mealtimes?	Yes ☒ No ☐
What food/snacks are available after hours or when kitchen is closed?	**Tea, coffee, fruit, yogurts and bread.**
Where are the snacks located and how are they accessed?	**On request from reception staff and in the recreation room.**
Are meals available for residents who arrive late? (Give details.)	Yes ☒ No ☐ **Once kitchen notified**
Are meals available for new arrivals? (Give details)	**On notification kitchen will hold a meal**
Are packed lunches available for residents travelling to Dublin on official business? (Give details)	Yes ☒ No ☐ **Once manager notified**
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?	**Not applicable**

12 FACILITIES FOR FEEDING BABIES

Are the following available?	Yes/No
Access to drinking water (for breastfeeding mothers / for preparation of infant formula)	Yes ☒ No ☐
Sterilisers	Yes ☐ No ☒
Kettles	Yes ☐ No ☒ **Burcos in all tea rooms.**
Fridge (for bottles of EBM* / formula) **Expressed Breast Milk*	Yes ☒ No ☐
Bottle Warmer	Yes ☐ No ☒
Microwave	Yes ☒ No ☐
Are these facilities available 24 hours a day	Yes ☒ No ☐
Is there a dedicated room provided?	Yes ☐ No ☒

Where?	

13 INDOOR FACILITIES

Are the following are available to residents?	Yes/No			
Computers with Internet access	Yes	☒	No	☐
WIFI	Yes	☒	No	☐
DVD player	Yes	☒	No	☐
Computer Games	Yes	☒	No	☐
Snooker Table	Yes	☐	No	☒
Pool Table	Yes	☒	No	☐ **X 2**
Table Tennis Table	Yes	☒	No	☐
Board Games	Yes	☒	No	☐
Newspapers	Yes	☐	No	☒
Books	Yes	☒	No	☐
Toys / games for children	Yes	☒	No	☐
Other	**Fussball, sony playstation, Juke box.**			
Give details of any other arrangement or other comments:				

14 TRANSPORT ARRANGEMENTS

Is there a bus service provided? (Yes/No):	Yes ☒ No ☐
Where does the service go to?	**Cork city centre**
What is the frequency of the service? *(List time table opposite)*	**10 times daily Monday to Saturday, four times on a Sunday.**

15 TV SYSTEM

Is there a specific TV system in place? (give details)	Yes ☒ No ☐ **Satellite TV in all rooms. Sky sports available in the recreation room.**
An average, how many TV channels are provided to residents?	**over 200**
Are residents allowed to erect satellite dishes?	**No**

16 LAUNDRY FACILITIES (General Arrangements)

Are Laundry facilities available in the centre? (Y/N)	Yes ☒ No ☐
If No, what service is provided?	
Who launders towels and bedlinen? (e.g., residents, staff, other, etc)	**External contractor**
What procedures are in place for the exchange of towels and bed linen at the centre?	**Replaced every 2 weeks**
What procedures are in place for ironing boards and irons?	**Available from reception**
How is washing powder / tablets supplied?	**Automatic dispensing system**

Are there specific arrangements for access to the laundry (give details):	**7am to 12 midnight**

17 CLEANING (General Arrangements)

Are there cleaning materials and equipment provided by management for residents?	Yes ☒ No ☐
What cleaning equipment is available to residents?	**Detergents, mops, brushes etc,.**
What is the procedure for residents to access vacuum cleaners, brushes & other cleaning equipment?	**Available from reception.**
What arrangements are in place if rooms are not cleaned sufficiently by residents?	**Written notice given to resident , if resident doesn't clean room , room will be cleaned by staff.**

PART 2

Room by Room Inspection

Internal Inspection

Centre: *Kinsale Road*

Date of Inspection: 18th December 2019

Section A- Administration / Communal areas

17 Have you seen the following?

		Location of display
Up to date House Rules	☒	**Reception**
Complaint Forms/Transfer forms/notice of absence forms/change of address forms	☒	**Reception**
Accident/ Incident procedure	☒	**In manager's office – incidents are logged and report sent to RIA.**

HSE Breastfeeding Posters (if applicable)	☒	**Booklets on breast feeding guidelines given to parents in the medical room. Community Health nurse looks after pregnant women with regards to hospital visits, vaccinations up to school going age etc.**
Designated Liaison Person details (Child Protection)	☒	**Reception, dining room and communal room.**
Supervision of children notice	☒	**Reception & each building**
Gym Notices (Child Safety – if applicable)	☒	**Gym**
IOM Voluntary Return Posters	☒	**Reception**

Anti Human-Trafficking Posters	☒	**Reception**
'NO to Violence & Harassment' Posters	☒	**Reception**

18 Staff Awareness

Did you see the RIA Code of Practice*?	☒
Are all staff aware of RIA Code & House Rules?	☒
How are staff made aware of RIA Code & House Rules*?* **All staff sign off on Code and Rules during induction training.**	

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

All staff including the security staff have completed the Tusla on line training.

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**
05/12/2019	**Staff checks**	**All ok**
12/12/2019	**Staff checks**	**All 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
27/08/2019	**G4S**	**OK**	**Q3 2019 Routine service & test**	**Y**	**Y**
12/12/2019	**Staff**	**OK**	**Weekly inspection**	**N**	**Y**

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
01/10/2019	**Amber Fire Protection Ltd.**	**OK**	**Service & refills**	**Y**	**Y**
12/12/2019	**Staff check**	**OK**	**Routine check**	**N**	**Y**
05/12/2019	**Staff check**	**OK**	**Routine check**	**N**	**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
18/12/2019	**Staff check**	**OK**	**N**	**N**	**Y**
17/12/2019	**Staff check**	**OK**	**N**	**N**	**Y**

There is a patrol of the site every 2 hours during the day and hourly at night.

19e FIRE DRILL PROCEDURE INSPECTION SCHEDULE

Date & Time	Numbers of staff involved in drill	No. of residents present / evacuated **	Evacuation Time	Comments
16/10/2019	**All staff**	**All evacuated**		

Both numbers must be recorded.

19f STAFF INSTRUCTION AND TRAINING (Fire Safety)

Job Description	Course	Instructor	Duration	Date
All grades 18 staff	**First Aid**		**1 day**	**09/05/2018**
All grades	**Fire safety**	**Amber**		**19/10/2015**
24 Staff	**Fire Marshal**	**Amber**		**06/06/2019**

19g FIRE ASSEMBLY POINTS

Where are the Fire Assembly Points located?	**Main gate**
Are they marked?	**Yes**
Are staff aware of locations?	**Yes**
Comments:	

19h FIRE ALARM SYSTEM

Is there a fire alarm system in place?	**Yes**
Are there smoke alarms throughout the premises, inc bedrooms?	**Yes**
Are all smoke alarms linked back to a central control panel?	**Yes**
Are there designated 'Smoking' areas? *Include locations*	**Yes, outside each block**
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?	**No**
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: It was noted in a number of blocks that residents had unlatched the Fire doors in the communal corridors and had wedged them open.	

Administration Area:

Reception/Security Office

Is the area generally clean?	Yes ☒ No ☐
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 ☐ No ☒
If yes please detail:	

Manager's Office

Is the area generally clean?	Yes ☒ No ☐
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 ☐ No ☒
If yes please detail:	

Education Room

Is the area generally clean?	Yes ☒ No ☐
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 ☐ No ☒
If yes please detail: **Various classes including sewing, parenting skills, English, arts and crafts, wood work etc – 4 ETB teachers – full schedule, fully booked with waiting list.**	

Public Toilets

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Ladies:	**4 toilets –**	☒	☒	☒	☒	☒
Gents:	**4 toilets, 3 urinals**	☒	☒	☒	☒	

Is there a cleaning schedule displayed? Record the last time entry : 18/12/2019	Yes ☒ No ☐
Is the area clean? (provide comment**) Yes**	
Are all facilities working?	Yes ☒ No * ☐
Visual Check: Have you noticed any issues requiring attention?	Yes* ☐ No ☒
If * give details:	

Main Recreation / Communal Room

General Seating Area
Is the seating in good condition? Yes ☒ No ☐

What is the area generally used for? **– TV (TV Sat, incl Sky Sports), pool table x 2, wi fi area with computers, library, table tennis, foosball table, pool table x 2**

Is the area 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: **Area is spacious, clean and tidy**

LAUNDRY ROOM

	Washing Machines	Dryers
Number	**10**	**10**

Do they appear to be in working order? **Yes**
Comments: **Laundry open 06.30am to midnight – flooring damaged awaiting repair from OPW**

Medical Screening Room

Is the area generally clean? Yes ☒ No ☐

If no please give details:

Visual Check: Have you noticed any issues requiring attention? Yes ☐ No ☒
(e.g., fire exit signs, hazards, lighting, notices, décor, etc.)

If yes please detail:

CWO Office

Is the area generally clean? Yes ☒ No ☐

If no please give details:

Visual Check: Have you noticed any issues requiring attention? Yes ☐ No ☒
(e.g., fire exit signs, hazards, lighting, notices, décor, etc.)

If yes please detail:

Teenagers room

Is the area generally clean? Yes / No **Yes**

If no please give details:

Visual Check: Have you noticed any issues requiring attention? Yes ☐ No ☒
(observe whether the area is colourful, has sufficient toys, changing areas, toilets in working order, etc)

Other comments: **Room is used by teenagers and as a homework room**

Computer Room

Is the area generally clean?	Yes ☒ No ☐
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 ☐ No ☒
If yes please detail:	

Gym

Is the area generally clean?	Yes ☒ No ☐
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 ☒ No ☐
If yes please detail: **2 x cross trainers, 2 x treadmills and 1 x bike – some of the equipment is broken and requires replacing – IPPS have been informed.**	

Pre-school Room / Creche

Is the area generally clean? Yes / No	**Yes**
If no please give details:	
Visual Check: Have you noticed any issues requiring attention? *(observe whether the area is colourful, has sufficient toys, changing areas, toilets in working order, etc)*	Yes ☐ No ☒
Other comments: **Room clean and bright with plenty of toys and child friendly docorations.**	

Staff toilets

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Staff - Male	**2 TOILETS & 1 SHOWER**	☒	☒	☒	☒	☐
Staff – Female	**2 TOILETS & 1 SHOWER**	☒	☒	☒	☒	☒
Is there a cleaning schedule displayed? Record the last time entry.						Yes ☒ No ☐ **18/12/2019**
Is the area clean? (provide comment) **Yes**						
Are all facilities working?						Yes ☒ No *☐
Visual Check: Have you noticed any issues requiring attention?						Yes*☐ No ☒
If * give details:						

Staff Changing Rooms

Is the area generally clean?	Yes ☒	No ☐
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 ☐	No ☒
If yes please detail:		

Residents Kitchen Area – 5 stations

Is the area generally clean?	Yes ☒	No ☐
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 ☐	No ☒
If yes please detail:		

DINING AREA:

Please outline the meal times:

	From	To
Breakfast	**8:00 am**	**10:00am**
Lunch	**12:00pm**	**2:00pm**
Dinner	**5:00pm**	**7:00pm**

Which is the main meal of the day:	Lunch ☐	Dinner ☒
Is menu cycle available?	Yes ☒	No ☐

Is menu cycle on display?			Yes ☒	No ☐
Does menu cycle correspond with options available?			Yes ☒	No ☐
If no, ask manager for explanation and provide details:				
Which meal was sampled?	Breakfast ☐	Lunch ☒	Dinner ☐	
Please describe the meal in detail (e.g. was it hot / cold, bland / spicy etc.) **Oriental style chicken wings with salad and spicy bean salad. Food was well presented and very tasty**				
Was there a vegetarian option? (note salad and vegetables <u>alone</u> are not considered as vegetarian option)	Yes ☒	No ☐		
Give details of this option:	**Spicy bean salad**			
Were there ethnic dishes available?				
Give details of this option:	**Moroccan lamb, African style beef, thai spiced fishcakes are some of the ethnic dishes listed on the weekly menu cycle.**			
Was fresh foods available for Infants? (as per HSE Infant Feeding Guidelines)	Yes ☒	No ☐		
In your opinion, does the food on offer appear to provide a good variety?	Yes ☒	No ☐		
Did inspection take place during Ramadan?	Yes ☐	No ☒		
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 ☐	No ☒		
Is there enough seating for residents present to sit down and eat their lunch?	Yes ☒	No ☐		
Comments : **The Dining area was clean and bright and decorated for Christmas. Party was due to take place the next day.**				

KITCHEN AREA: Food Safety Critical Requirements

Is there a dress code for kitchen and servery staff **Yes**

Please outline: **Hair cover, coat, trousers and safety shoes** Has the manager shown you HACCP Certificates for chefs?	☒ **Certs are kept on personnel files**
Was the fridge temperature showing as being between 1 and 5°C?	☒
Did you see evidence that the fridge temperature is recorded daily?	☒
Was the freezer temperature showing as being-18°C or below?	☒
Did you see evidence that freezer temperature is recorded daily?	☒
Are dry food stuffs stored on shelving? (all dry goods should be stored off the ground)	☒
Has it been demonstrated to you that cooked food is at a temperature above 72°C?	☒
Is the temperature recorded for all food services (lunch &dinner)	☒
Is there a record of daily cleaning of kitchen, food service and dining areas?	☒
Have you seen a record of periodic deep clean of all floors, under and behind cookers/fridges etc.?	☒
Are bins with waste food covered/lidded ?	☒
Are fly screens present on windows and doors into kitchen?	☒

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

26 - OUTDOOR GROUNDS / FACILITIES

Please rate the following:

	Very Good	Adequate	Poor*	Needs urgent attention*
Condition of exterior of centre	☒	☐	☐	☐
Paintwork of the centre	☒	☐	☐	☐
Maintenance standard of the grounds (e.g. grass cut, walkways clear etc.)	☒	☐	☐	☐
Cleanliness of the grounds (ie., evidence of rubbish etc.)	☒	☐	☐	☐
Where you have rated * please provide details and comments:				
Are there any facilities available for children outdoors? Yes ☒ No ☐				
Comments**: Swing, slide & climbing frame available**				

CORRIDOR (State Location): All areas

Is the area generally clean?	Yes	☒	No	☐
If no please give details:				
Visual Check: Have you noticed any issues requiring attention?	Yes	☐	No	☒
If yes please detail:				

STAIRWAY (State Location): All stairways

Is the area generally clean?	Yes	☒	No	☐
If no please give details: **l**				
Visual Check: Have you noticed any issues requiring attention? *(e.g., fire exit signs, hazards, lighting, notices, décor, etc.)*	Yes	☐	No	☒
If yes please detail: In the family blocks there is a large amount of items such as buggies and bikes in the stairway.				

KITCHENETTES

Is the area generally clean?	Yes	☒	No	☐
If no please give details:				
Visual Check: Have you noticed any issues requiring attention?	Yes	☐	No	☒
If yes please detail:				

Bedrooms:

CLEANING (General Arrangements)

How often are bedrooms inspected?	once weekly ☐ Weekly ☒
Who cleans the bedrooms?	Staff ☐ Residents ☒
How often do staff clean the bedrooms?	Weekly ☐ fortnightly ☐ Monthly ☐ Other ☒ Upon request from residents.
Are there cleaning materials and equipment provided by management for residents?	Yes ☒ No ☐
What cleaning equipment is available to residents?	**Brushes, mops, buckets etc.**
What arrangements are in place if rooms are not cleaned sufficiently by residents?	**Written notice to resident and staff will assist, if necessary.**

No spare wadrobes and lockers in centre

<u>Block 1</u> (all rooms ensuite)

CORRIDOR Is the area generally clean?	Yes ☒ No ☐
If no please give details:	
Visual Check: Have you noticed any issues requiring attention?	Yes ☐ No ☒
If yes please detail: **Lots of buggies/toys/bikes in corridor. Fire door spring has been tampered with and door has been wedged open.**	

Kitchenette – Ground Floor

Is the area generally clean?	Yes ☒ No ☐
If no please give details:	
Visual Check: Have you noticed any issues requiring attention?	Yes ☐ No ☒
If yes please detail: **2 microwaves**	

BLOCK 1

ROOM NUMBER 1A & 1B				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**5**		**5**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒ No * ☐
If *, please give details:	

ROOM NUMBER 2A&2B				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**4**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order?	Yes ☒ No * ☐
If *, please give details:	

ROOM NUMBER 3A&3B				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**4**		**5**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No* ☐

If *, please give details:

ROOM NUMBER 4A, 4B and 4C				
Room Profile:		Room Capacity:		Room Occupancy:
		5		**5**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details: **Silicone requires attention**

ROOM NUMBER 5A				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details: Silicone requires attention

ROOM NUMBER 5B				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 6A				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 6B				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 7				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details - Adaptor plugged into adaptor

Location Block 1 – First Floor

Corridor First Floor

Is the area generally clean?	Yes	☒	No	☐
If no please give details:				
Visual Check: Have you noticed any issues requiring attention?	Yes	☐	No	☒
If yes please detail: **Number of buggies/toys in corridor.**				

ROOM NUMBER 8A				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?		Yes ☒	No * ☐	
If *, please give details:				

ROOM NUMBER 8B				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐
Is everything in working order?		Yes ☒	No* ☐	
If *, please give details:				

ROOM NUMBER 9A				
Room Profile:		**Room Capacity:**		**Room Occupancy:**
Family		**2**		**2**
TV	**Ensuite**	**Shared Bathroom**	**Smoke Alarm**	**Fire Notice**
☒	☒	☐	☒	☒
	Very Good	**Adequate**	**Poor ***	**Needs urgent attention ***
Cleanliness	☐	☐	☒	☐
Is everything in working order?		**Yes** ☒	**No *** ☐	
If *, please give details:	**Room is messy and silicone requires attention.**			

ROOM NUMBER 9B				
Room Profile:		**Room Capacity:**		**Room Occupancy:**
Family		**2**		**2**
TV	**Ensuite**	**Shared Bathroom**	**Smoke Alarm**	**Fire Notice**
☒	☒	☐	☒	☒
	Very Good	**Adequate**	**Poor ***	**Needs urgent attention ***
Cleanliness	☒	☐	☐	☐
Is everything in working order?		**Yes** ☒	**No *** ☐	
If *, please give details:				

ROOM NUMBER 10A&10B&12A&12B – same family				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 10A&10B&12A&12B – same family				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No* ☐

If *, please give details:

ROOM NUMBER 11A &11B				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**4**		**4**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 13A & 13B				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**4**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☐	☐	☐

Is everything in working order? Yes ☒ No* ☐

If *, please give details: Fire door propped open.

ROOM NUMBER 14A &14B				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**4**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order?	Yes	☒	No *	☐

If *, please give details: Silicone requires attention

Kitchenette

Is the area generally clean?	Yes	☒	No	☐
If no please give details:				
Visual Check: Have you noticed any issues requiring attention?	Yes	☐	No	☒
If yes please detail:				

<u>Block 2</u> (all rooms ensuite)

CORRIDOR

Is the area generally clean?			Yes ☒	No ☐
If no please give details:				
Visual Check: Have you noticed any issues requiring attention?			Yes ☐	No ☒
If yes please detail:	**Buggies are left in corridor. Fire door not closed.**			

Kitchenette – Ground Floor

Is the area generally clean?			Yes ☒	No ☐
If no please give details:				
Visual Check: Have you noticed any issues requiring attention?			Yes ☐	No ☒
If yes please detail:				

ROOM NUMBER 1A + 1B				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**5**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details: **Cat in room. 2 ring cooker removed by manager**

ROOM NUMBER 2A, 2B + 2C				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**6**		**5**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 3A + 3B				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**4**		**4**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

=

ROOM NUMBER 4A + 4B + 4C				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**6**		**5**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details: Burn mark onh table

ROOM NUMBER 5A + 5B				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**4**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 6A + 6B				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**4**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 7					
Room Profile:			Room Capacity:		Room Occupancy:
Shared			**2**		**2**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☒	☐		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☒	☐	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details:					

Location Block 2

CORRIDOR – 1st Floor

Is the area generally clean?	Yes ☒	No ☐	
If no please give details:			
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒	
If yes please detail: **Buggies in corridors.**			

ROOM NUMBER 8A + 8B					
Room Profile:			Room Capacity:		Room Occupancy:
Family			**4**		**3**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☒	☐		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☒	☐	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details: Fridgefreezer in the room.					

ROOM NUMBER 9A					
Room Profile:			Room Capacity:		Room Occupancy:
Family			**2**		**2**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☒	☐		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☒	☐	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details:					

ROOM NUMBER 9B				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

ROOM NUMBER 10A and B same family as 12A and B				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**4**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details: 10A cluttered		

ROOM NUMBER 12A and B same family as 10A and B				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**4**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

ROOM NUMBER 11A & 11B				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**4**		**4**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details: :		

ROOM NUMBER 13A &13B				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**4**		**4**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

ROOM NUMBER 13C				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

ROOM NUMBER 14A				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order?	Yes ☒	No* ☐
If *, please give details:		

ROOM NUMBER 14B				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No* ☐
If *, please give details:		

Kitchenette – 1st Floor

Is the area generally clean?	Yes ☒	No ☐
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒
If yes please detail:		

Location Block 3 (all rooms ensuite)

CORRIDOR

Is the area generally clean?	Yes ☒	No ☐
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒
If yes please detail:		

Tea Room

Is the area generally clean?	Yes ☒	No ☐
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒
If yes please detail: 2 microwaves		

Bathroom / Disabled Toilet

Is the area generally clean?	Yes ☒	No ☐
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒
If yes please detail:		

ROOM NUMBER B1				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details: **Room cluttered**

ROOM NUMBER C1 & C2				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**4**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	Chhest h ☐

Is everything in working order? Yes ☒ No* ☐

If *, please give details:

ROOM NUMBER D1&D2				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**4**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No* ☐

If *, please give details: Spring on door broken

ROOM NUMBER E				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No* ☐

If *, please give details:

Residents Kitchen

Is the area generally clean? Yes ☒ No ☐	
If no please give details:	
Visual Check: Have you noticed any issues requiring attention? Yes ☐ No ☒	
If yes please detail	

ROOM NUMBER G1				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER F1 + F2 (Emergency and Storage)				
Room Profile:		Room Capacity:		Room Occupancy:
		0		**0**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 7(1 and 2)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**4**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order? Yes ☒ No* ☐

If *, please give details: Silicone requires attention.

ROOM NUMBER 9 (1 and 2)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**4**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No* ☐

If *, please give details: Spring on door broken

ROOM NUMBER 5 (1)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No* ☐

If *, please give details: Room very untidy

ROOM NUMBER 5 (2)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order?	Yes ☒	No* ☐

If *, please give details:

ROOM NUMBER 6 (1)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No* ☐

If *, please give details: Room cluttered

ROOM NUMBER 6 (2)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order?	Yes ☒	No* ☐	
If *, please give details:			

ROOM NUMBER 10(1)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**3**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐	
If *, please give details: Room untidy and silicone requires attention			

ROOM NUMBER 10 (2)				
Room Profile:		Room Capacity:		Room Occupancy:
Family		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☒	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐	
If *, please give details:			

CORRIDOR – 1st Floor Block 3

Is the area generally clean?	Yes ☒	No ☐	
If no please give details:			
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒	
If yes please detail:			

Kitchenette

Is the area generally clean?	Yes	☒	No	☐
If no please give details:				
Visual Check: Have you noticed any issues requiring attention?	Yes	☐	No	☒
If yes please detail:				

Location Block 4 (single males)

CORRIDOR **Ground Floor**

Is the area generally clean?	Yes ☒ No ☐
If no please give details:	
Visual Check: Have you noticed any issues requiring attention?	Yes ☐ No ☒
If yes please detail:	

SHOWERS **Ground Floor (Near side)**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☐	☒	☒	☐

Is there a cleaning schedule displayed? Record the last time entry.	Yes ☐ No ☒
Is the area clean? (provide comment) **Yes**	
Are all facilities working?	Yes ☒ No * ☐
Visual Check: Have you noticed any issues requiring attention?	Yes* ☐ No ☒
If * give details:	

TOILETS **Ground Floor (Near side)**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☒	☒	☒	☐

Is there a cleaning schedule displayed? Record the last time entry.	Yes ☐ No ☒
Is the area clean? (provide comment) **Yes**	
Are all facilities working?	Yes ☒ No * ☐
Visual Check: Have you noticed any issues requiring attention?	Yes* ☐ No ☒
If * give details:	

ROOM NUMBER 1				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒ No * ☐
If *, please give details: **Evidence of smoking in room.**	

ROOM NUMBER 2				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

ROOM NUMBER 3				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

ROOM NUMBER 4				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

Tea room – Ground Floor

Is the area generally clean?	Yes ☒	No ☐
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒
If yes please detail:		

Single 1					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**1**		**1**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☐	☒	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details: Fridgefreezer in room.					

Single 2					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**1**		**1**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☐	☒	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details:					

Single 3					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**1**		**1**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☒	☐	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details:					

Toilet/Shower

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**2**	☒	☒	☒	☒	☐
Is there a cleaning schedule displayed? Record the last time entry.					Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**						
Are all facilities working?					Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?					Yes* ☒	No ☐
If * give details: Silicone requires attention in shower room 1 and shower tray in shower for room 2 and 3 requires deep clean.						

ROOM NUMBER 15				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details: Fridge freezer in room.

ROOM NUMBER 5				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

.

ROOM NUMBER 6				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 7				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

SHOWERS Ground Floor Far side

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☐	☒	☒	☐
Is there a cleaning schedule displayed? Record the last time entry.					Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**						
Are all facilities working?					Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?					Yes* ☐	No ☒
If * give details:						

TOILETS Ground Floor Far side

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☒	☒	☒	☐
Is there a cleaning schedule displayed? Record the last time entry.					Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**						
Are all facilities working?					Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?					Yes* ☐	No ☒
If * give details:						

CORRIDOR First Floor

Is the area generally clean?	Yes ☒	No ☐
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒
If yes please detail:		

SHOWERS First Floor Far end

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☐	☒	☒	☐
Is there a cleaning schedule displayed? Record the last time entry.					Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**						
Are all facilities working?					Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?					Yes* ☐	No ☒
If * give details:						

TOILETS First Floor Far end

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☒	☒	☒	☐

Is there a cleaning schedule displayed? Yes ☐ No ☒
Record the last time entry.

Is the area clean? (provide comment) **Yes**

Are all facilities working? Yes ☒ No *☐

Visual Check: Have you noticed any issues requiring attention? Yes*☐ No ☒

If * give details:

Room Number 8

Room Profile:	Room Capacity:	Room Occupancy:
Single	**2**	**2**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 9

Room Profile:	Room Capacity:	Room Occupancy:
Single	**2**	**2**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 10

Room Profile:	Room Capacity:	Room Occupancy:
Single	**2**	**2**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☐ No * ☒

If *, please give details:

ROOM NUMBER 16				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

Tea room First Floor

Is the area generally clean?	Yes ☒	No ☐
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒
If yes please detail:		

Single 4				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details: Evidence of smoking in room.		
.		

Single 5				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

Single 6					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**1**		**1**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☐	☒	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details:					

Toilet/Shower

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**2**	☒	☒	☒	☒	☐
Is there a cleaning schedule displayed? Record the last time entry.					Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**						
Are all facilities working?					Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?					Yes* ☐	No ☒
If * give details: Fridge in shower room.						

ROOM NUMBER 11					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**2**		**2**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☐	☒	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details:					

ROOM NUMBER 12					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**2**		**1**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☐	☒	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details:					

ROOM NUMBER 13				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

ROOM NUMBER 14				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

SHOWERS First Floor Near end

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☐	☒	☒	☐

Is there a cleaning schedule displayed? Record the last time entry.	Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**		
Are all facilities working?	Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?	Yes* ☐	No ☒
If * give details:		

TOILETS First Floor Near end

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☒	☒	☒	☐

Is there a cleaning schedule displayed? Record the last time entry.	Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**		
Are all facilities working?	Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?	Yes* ☐	No ☒
If * give details:		

Location Block 5 (single females)

CORRIDOR **Ground Floor**

Is the area generally clean?	Yes ☒ No ☐
If no please give details:	
Visual Check: Have you noticed any issues requiring attention?	Yes ☐ No ☒
If yes please detail: **A collection of bikes present.**	

SHOWERS **Ground Floor (Admin side)**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Female	**4**	☒	☐	☒	☒	☐

Is there a cleaning schedule displayed? Record the last time entry.	Yes ☐ No ☒
Is the area clean? (provide comment) **Yes**	
Are all facilities working?	Yes ☒ No * ☐
Visual Check: Have you noticed any issues requiring attention?	Yes* ☐ No ☒
If * give details:	

TOILETS **Ground Floor (Admin side)**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Female	**4**	☒	☒	☒	☒	☒

Is there a cleaning schedule displayed? Record the last time entry.	Yes ☐ No ☒
Is the area clean? (provide comment) **Yes**	
Are all facilities working?	Yes ☒ No * ☐
Visual Check: Have you noticed any issues requiring attention?	Yes* ☐ No ☒
If * give details:	

ROOM NUMBER 1				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒ No * ☐
If *, please give details:	

ROOM NUMBER 2				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

ROOM NUMBER 3				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

ROOM NUMBER 15				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

Tea room – Ground Floor

Is the area generally clean?	Yes ☒	No ☐
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes ☒	No ☐
If yes please detail: **Counter top needs to be replaced.**		

Single 1					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**1**		**1**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☒	☐	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details: **.**					

Single 2					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**1**		**1**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☒	☐	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details:					

Single 3					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**1**		**1**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☐	☒	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details:					

Toilet/Shower

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Female	**2**	☒	☒	☒	☒	☒
Is there a cleaning schedule displayed? Record the last time entry.					Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**						
Are all facilities working?					Yes ☒	No *☐
Visual Check: Have you noticed any issues requiring attention?					Yes*☐	No ☒
If * give details:						

ROOM NUMBER 4				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

ROOM NUMBER 5				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		
.		

ROOM NUMBER 6				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

ROOM NUMBER 7				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

SHOWERS Ground Floor Far side

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Female	**4**	☒	☐	☒	☒	☐
Is there a cleaning schedule displayed? Record the last time entry.					Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**						
Are all facilities working?					Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?					Yes* ☐	No ☒
If * give details:						

TOILETS Ground Floor Far side

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Female	**4**	☒	☒	☒	☒	☒
Is there a cleaning schedule displayed? Record the last time entry.					Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**						
Are all facilities working?					Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?					Yes* ☐	No ☒
If * give details:						

CORRIDOR First Floor

Is the area generally clean?	Yes ☒	No ☐
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒
If yes please detail:		

SHOWERS First Floor City end

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Female	**4**	☒	☐	☒	☒	☐
Is there a cleaning schedule displayed? Record the last time entry.					Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**						
Are all facilities working?					Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?					Yes* ☐	No ☒
If * give details:						

TOILETS First Floor City end

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Female	**4**	☒	☒	☒	☒	☒

Is there a cleaning schedule displayed? Yes ☐ No ☒
Record the last time entry.

Is the area clean? (provide comment) **Yes**

Are all facilities working? Yes ☒ No *☐

Visual Check: Have you noticed any issues requiring attention? Yes*☐ No ☒

If * give details:

Room Number 8

Room Profile:	Room Capacity:	Room Occupancy:
Single	**2**	**2**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 9

Room Profile:	Room Capacity:	Room Occupancy:
Single	**2**	**2**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 10

Room Profile:	Room Capacity:	Room Occupancy:
Single	**2**	**2**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 11				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

Tea room First Floor

Is the area generally clean?	Yes ☒	No ☐
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒
If yes please detail:		

Single 4				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		
.		

Single 5				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

Single 6					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**1**		**1**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☐	☒	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details:					

Toilet/Shower

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Female	**2**	☒	☒	☒	☒	☐
Is there a cleaning schedule displayed? Record the last time entry.					Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**						
Are all facilities working?					Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?					Yes* ☒	No ☐
If * give details: Silicone on toilet for room 5 requires attention						

ROOM NUMBER 12					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**2**		**2**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☐	☒	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details:					

ROOM NUMBER 16					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**2**		**2**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☐	☒	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details: **Very cluttered.**					

ROOM NUMBER 13				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

ROOM NUMBER 14				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

SHOWERS First Floor Admin end

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Female	**4**	☒	☐	☒	☒	☐

Is there a cleaning schedule displayed? Record the last time entry.	Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**		
Are all facilities working?	Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?	Yes* ☐	No ☒
If * give details:		

TOILETS First Floor Admin end

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Female	**4**	☒	☒	☒	☒	☒

Is there a cleaning schedule displayed? Record the last time entry.	Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**		
Are all facilities working?	Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?	Yes* ☐	No ☒
If * give details:		

Location Block 6 (single males)

CORRIDOR Ground Floor

Is the area generally clean?	Yes ☒	No ☐
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒
If yes please detail:		

SHOWERS Ground Floor (Admin side)

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☐	☒	☒	☐

Is there a cleaning schedule displayed? Record the last time entry.	Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**		
Are all facilities working?	Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?	Yes* ☐	No ☒
If * give details:		

TOILETS Ground Floor (Admin side)

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☒	☒	☒	☐

Is there a cleaning schedule displayed? Record the last time entry.	Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**		
Are all facilities working?	Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?	Yes* ☐	No ☒
If * give details:		

ROOM NUMBER 1				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

ROOM NUMBER 2				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

ROOM NUMBER 3				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

ROOM NUMBER 15				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details: **Ceiling requires painting after a leak**		

Tea room – Ground Floor

Is the area generally clean?	Yes ☒	No ☐
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒
If yes please detail:		

Single 1				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒ No * ☐
If *, please give details: Room cluttered. **.**	

Single 2				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒ No * ☐
If *, please give details:	

Single 3				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒ No * ☐
If *, please give details:	

Toilet/Shower

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**2**	☒	☒	☒	☒	☐

Is there a cleaning schedule displayed? Record the last time entry.	Yes ☐ No ☒
Is the area clean? (provide comment) **Yes**	
Are all facilities working?	Yes ☒ No * ☐
Visual Check: Have you noticed any issues requiring attention?	Yes* ☒ No ☐
If * give details: Couldn't gain access to one of the toilets and silicone requires attention in shower.	

ROOM NUMBER 4				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details: Wall requires painting

ROOM NUMBER 5				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☐	☒	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details: Evidence of smoking in room and floor requires cleaning.

ROOM NUMBER 6				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☐	☒	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details: **Room needs to be painted.**

ROOM NUMBER 7				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

SHOWERS Ground Floor City end

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☐	☒	☒	☐
Is there a cleaning schedule displayed? Record the last time entry.					Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**						
Are all facilities working?					Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?					Yes* ☐	No ☒
If * give details:						

TOILETS Ground Floor City end

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☒	☒	☒	☐
Is there a cleaning schedule displayed? Record the last time entry.					Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**						
Are all facilities working?					Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?					Yes* ☐	No ☒
If * give details:						

CORRIDOR First Floor

Is the area generally clean?	Yes ☒	No ☐
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒
If yes please detail:		

SHOWERS First Floor City end

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☐	☒	☒	☐
Is there a cleaning schedule displayed? Record the last time entry.					Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**						
Are all facilities working?					Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?					Yes* ☐	No ☒
If * give details:						

TOILETS First Floor City end

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☒	☒	☒	☐

Is there a cleaning schedule displayed? Yes ☐ No ☒
Record the last time entry.

Is the area clean? (provide comment) **Yes**

Are all facilities working? Yes ☒ No *☐

Visual Check: Have you noticed any issues requiring attention? Yes*☐ No ☒

If * give details:

Room Number 8

Room Profile:	Room Capacity:	Room Occupancy:
Single	**2**	**2**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details: **Evidence of smoking in room**

ROOM NUMBER 9

Room Profile:	Room Capacity:	Room Occupancy:
Single	**2**	**2**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details: **Room cluttered**

ROOM NUMBER 10 - MOSQUE

Room Profile:	Room Capacity:	Room Occupancy:
Unoccupied		

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☐	☐	☐	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 11					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**2**		**2**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☐	☒	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details:					

Tea room First Floor

Is the area generally clean?	Yes ☒	No ☐
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒
If yes please detail:		

Single 4					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**1**		**1**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☒	☐	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details: **.**					

Single 5					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**1**		**1**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☐	☒	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details: **Evidence of smoking in room.**					

Single 6					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**1**		**1**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☐	☒	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details:					

Toilet/Shower

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**2**	☒	☒	☒	☒	☐
Is there a cleaning schedule displayed? Record the last time entry.					Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**						
Are all facilities working?					Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?					Yes* ☒	No ☐
If * give details: Silicone requires attention						

ROOM NUMBER 16					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**2**		**2**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☐	☒	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details:					

ROOM NUMBER 12					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**2**		**2**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☒	☐	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details:					

ROOM NUMBER 13				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

ROOM NUMBER 14				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

SHOWERS First Floor Admin end

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☐	☒	☒	☐

Is there a cleaning schedule displayed? Record the last time entry.	Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**		
Are all facilities working?	Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?	Yes* ☐	No ☒
If * give details:		

TOILETS First Floor Admin end

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☒	☒	☒	☐

Is there a cleaning schedule displayed? Record the last time entry.	Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**		
Are all facilities working?	Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?	Yes* ☐	No ☒
If * give details:		

Location Block 7 (single males)

CORRIDOR **Ground Floor**

Is the area generally clean?	Yes ☒	No ☐
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒
If yes please detail:		

SHOWERS **Ground Floor (Admin end)**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☐	☒	☒	☐

Is there a cleaning schedule displayed? Record the last time entry.	Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**		
Are all facilities working?	Yes ☐	No *☒
Visual Check: Have you noticed any issues requiring attention?	Yes*☐	No ☒
If * give details:		

TOILETS **Ground Floor (Admin end)**

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☒	☒	☒	☐

Is there a cleaning schedule displayed? Record the last time entry.	Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**		
Are all facilities working?	Yes ☒	No *☐
Visual Check: Have you noticed any issues requiring attention?	Yes*☐	No ☒
If * give details:		

ROOM NUMBER 1				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

ROOM NUMBER 2				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details: **Curtains need to be rehung. Evidence of smoking in room.**		

ROOM NUMBER 3				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

ROOM NUMBER 4				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

Tea room – Ground Floor

Is the area generally clean?	Yes ☒	No ☐
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒
If yes please detail:		

Single 1					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**1**		**1**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☐	☒	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details: **.**					

Single 2					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**1**		**1**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☒	☐	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details:					

Single 3					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**1**		**1**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☐	☒	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details					

Toilet/Shower

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**2**	☒	☒	☒	☒	☐
Is there a cleaning schedule displayed? Record the last time entry.					Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**						
Are all facilities working?					Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?					Yes* ☐	No ☒
If * give details:						

ROOM NUMBER 5				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 15				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

.

ROOM NUMBER 6				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☒	☐	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 7				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details: **Evidence of smoking in room.**

SHOWERS Ground Floor City end

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☐	☒	☒	☐

Is there a cleaning schedule displayed? Record the last time entry.	Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**		
Are all facilities working?	Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?	Yes* ☐	No ☒
If * give details:		

TOILETS Ground Floor City end

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☒	☒	☒	☐

Is there a cleaning schedule displayed? Record the last time entry.	Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**		
Are all facilities working?	Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?	Yes* ☐	No ☒
If * give details:		

CORRIDOR First Floor

Is the area generally clean?	Yes ☒	No ☐
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒
If yes please detail:		

SHOWERS First Floor City end

Soap			Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
☒			☐	☒	☒	☐

Is there a cleaning schedule displayed? Yes ☐ No ☒ Record the last time entry.
Is the area clean? (provide comment) **Yes**
Are all facilities working? Yes ☒ No * ☐
Visual Check: Have you noticed any issues requiring attention? Yes* ☐ No ☒
If * give details:

TOILETS First Floor City end

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☒	☒	☒	☐

Is there a cleaning schedule displayed? Yes ☐ No ☒
Record the last time entry.

Is the area clean? (provide comment) **Yes**

Are all facilities working? Yes ☒ No *☐

Visual Check: Have you noticed any issues requiring attention? Yes*☐ No ☒

If * give details:

Room Number 8

Room Profile:	Room Capacity:	Room Occupancy:
Single	**2**	**2**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 9

Room Profile:	Room Capacity:	Room Occupancy:
Single	**2**	**2**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 10

Room Profile:	Room Capacity:	Room Occupancy:
Single	**2**	**2**

TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order? Yes ☒ No * ☐

If *, please give details:

ROOM NUMBER 16				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**2**		**2**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

Tea room First Floor

Is the area generally clean?	Yes ☒	No ☐
If no please give details:		
Visual Check: Have you noticed any issues requiring attention?	Yes ☐	No ☒
If yes please detail:		

Single 4				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		
.		

Single 5				
Room Profile:		Room Capacity:		Room Occupancy:
Single		**1**		**1**
TV	Ensuite	Shared Bathroom	Smoke Alarm	Fire Notice
☒	☐	☒	☒	☒

	Very Good	Adequate	Poor *	Needs urgent attention *
Cleanliness	☐	☒	☐	☐

Is everything in working order?	Yes ☒	No * ☐
If *, please give details:		

Single 6					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**1**		**1**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☒	☐	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details:					

Toilet/Shower

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**2**	☒	☒	☒	☒	☐
Is there a cleaning schedule displayed? Record the last time entry.					Yes ☐	No ☒
Is the area clean? (provide comment) **Yes**						
Are all facilities working?					Yes ☒	No * ☐
Visual Check: Have you noticed any issues requiring attention?					Yes* ☒	No ☐
If * give details: Shower tray for room 5 and 6 requires attention.						

ROOM NUMBER 11					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**2**		**2**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☐	☒	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details:					

ROOM NUMBER 12					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**2**		**2**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☐	☒	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details:					

ROOM NUMBER 13					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**2**		**2**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☐	☒	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details					

ROOM NUMBER 14					
Room Profile:			Room Capacity:		Room Occupancy:
Single			**2**		**2**
TV	Ensuite	Shared Bathroom		Smoke Alarm	Fire Notice
☒	☐	☒		☒	☒
	Very Good	Adequate	Poor *	Needs urgent attention *	
Cleanliness	☐	☒	☐	☐	
Is everything in working order?			Yes ☒	No * ☐	
If *, please give details:					

SHOWERS First Floor Admin end

Soap		Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
☒		☐	☒	☒	☐
Is there a cleaning schedule displayed? Yes ☐ No ☒ Record the last time entry.					
Is the area clean? (provide comment) **Yes**					
Are all facilities working? Yes ☒ No *☐					
Visual Check: Have you noticed any issues requiring attention Yes*☐ No ☒					
If * give details:					

TOILETS First Floor Admin end

	Number	Soap	Toilet Paper	Hand Towels / Dryers	Hot Water	Sanitary Bins
Male	**4**	☒	☒	☒	☒	☐
Is there a cleaning schedule displayed? Yes ☐ No ☒ Record the last time entry.						
Is the area clean? (provide comment) **Yes**						
Are all facilities working? Yes ☒ No *☐						
Visual Check: Have you noticed any issues requiring attention? Yes*☐ No ☒						
If * 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.