



HOTEL/CONDOMINIUM INSPECTION REPORT

Property Name: _____ Inspection Date: _____

Bldg./Unit No. _____ Address: _____

Block: _____ Parcel: _____

PO Box: _____ Tel. No: _____ Fax No: _____

Owners Name: _____ Manager's Name: _____

Hotel Condominium Other

Initial Inspection Routine Inspection Re-Inspection Other

Total No. of Units _____ No. of Units Available _____ No. of Units Inspected _____

Apartments Inspected (No.#): _____

WATER SUPPLY: Desal./City Closed system cistern Cistern with rainwater Well Other

SAMPLES TAKEN: DRINKING WATER: Yes No No. Taken _____ SWIMMING POOL: Yes No No. Taken _____

Summarised below are the findings of my inspection today, which I have discussed with you. All items marked "unsatisfactory" are detailed on the attached Hotel/Condominium Supplemental Sheet and must be corrected by the compliance date specified. Failure to correct these violations within the time specified will result in further action.

ITEM	Satisfactory	Unsatisfactory	ITEM	Satisfactory	Unsatisfactory
APARTMENTS / ROOMS / UNITS	<input type="checkbox"/>	<input type="checkbox"/>	DRINKING WATER SOURCE & QUALITY	<input type="checkbox"/>	<input type="checkbox"/>
KITCHEN FACILITIES			PEST CONTROL	<input type="checkbox"/>	<input type="checkbox"/>
Food in Wholesale Condition	<input type="checkbox"/>	<input type="checkbox"/>	GARBAGE STORAGE & DISPOSAL		
Structural Requirements & Storage	<input type="checkbox"/>	<input type="checkbox"/>	Refuse Containers / Storage Areas	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Requirements	<input type="checkbox"/>	<input type="checkbox"/>	Collection Frequency	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning / Sanitation (incl. susp. mould)	<input type="checkbox"/>	<input type="checkbox"/>	Garbage Fee Status	<input type="checkbox"/>	<input type="checkbox"/>
Washing Facilities	<input type="checkbox"/>	<input type="checkbox"/>	SWIMMING POOL		
Temperature Control	<input type="checkbox"/>	<input type="checkbox"/>	Maintenance of Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Risk of Contamination	<input type="checkbox"/>	<input type="checkbox"/>	Safety Provisions	<input type="checkbox"/>	<input type="checkbox"/>
Personal Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	Water Quality (e.g. Free Cl, pH)	<input type="checkbox"/>	<input type="checkbox"/>
LAUNDRY FACILITIES			Cleaning / Sanitation	<input type="checkbox"/>	<input type="checkbox"/>
Structural Requirements	<input type="checkbox"/>	<input type="checkbox"/>	Record Keeping	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	INTERNAL PUBLIC AREAS	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	EXTERNAL BUILDING (INCL. GROUNDS)	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning / Sanitation (incl. susp. mould)	<input type="checkbox"/>	<input type="checkbox"/>	HEALTH AND SAFETY / OTHER MATTERS	<input type="checkbox"/>	<input type="checkbox"/>

A copy of this report has been left with:

Signed: Name:

Name:

If you would like to talk to me about my inspection or this report, please phone me on (345) 949-6696 or (direct line) _____

Signed: Name:

Title: