



Type of Inspection

Annual

Re-inspection

Complaint

Promoting
healthy
communities

Type of Facility: Hotel/Motel Bed and Breakfast Boarding House Lodging House Cabin

Boarding, Lodging and Overnight Cabins Inspection Form

Name of Facility: _____ Address: _____

Key: IN: In compliance OUT: Out of compliance N/A: Not Applicable

Water Supply	IN	OUT	N/A	Food Service	IN	OUT	N/A
Supply adequate and safe				Properly licensed by LLHD			
If private, registered with DPH				Common kitchen utilized			
Adequate water pressure				Kitchen clean and sanitary			
Adequate hot water supplied				Pools	IN	OUT	N/A
Use of single use cups				Pool onsite, adequate			
Glassware cleaned and sanitized, properly stored				Pool licensed by LLHD			
Drinking fountains adequate, clean				Trash Disposal	IN	OUT	N/A
Sewage Disposal and Restrooms	IN	OUT	N/A	Adequate number of cans or dumpster			
No signs of system failure				Cans or dumpster adequate size			
Adequate number of toilets per unit				Adequate frequency of removal			
Adequate number of toilets per sex				Storage area clean and sanitary			
Toilets in good repair, clean, functioning				General	IN	OUT	N/A
Adequate number of sinks provided				Grounds in good repair, clean			
Liquid soap and paper towels provided				Signs of pest/vermin			
Adequate ventilation				Common areas in good repair, clean			
Adequate lighting provided				Minimum temperature of 65°F			
Adequate Laundry facilities				Smoking ≤ 25% rooms			

Rooms:

Room	Overall Cleanliness	Room Secured with Lock	Toilets in Working Order	Linens Clean	Signs of Bed Bugs	Hand Sinks Working	Showers Working

