

Bed & Breakfast Inspection Schedule

Address of Bed & Breakfast:

1. Standard of the Rooms *(This should be read in conjunction with 'Guidance Notes when using the Inspection Schedule')*

- | | Yes | No |
|--|--------------------------|--------------------------|
| (a) Do the rooms meet the minimum size requirements for the residents? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Do they meet the minimum height requirements? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Do they have an adequate form of heating? | <input type="checkbox"/> | <input type="checkbox"/> |

Rating: (This should be read in conjunction with 'Grading Bed & Breakfasts')

- | Poor | Satisfactory | Good |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Facilities for Storage, Preparation and Cooking of Food and Disposal of Waste Water

- (a) Do the residents have exclusive, shared or no use of the following facilities:

- | | Exclusive | Shared | No Use/Inadequate |
|--|--------------------------|--------------------------|--------------------------|
| • Cooking facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sink and integral drainer with hot and cold water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Storage cupboard (lockable if shared kitchen area) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Electrical power sockets | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Worktops | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- (b) If any of these facilities are **shared**:
- | | Yes | No |
|---|--------------------------|--------------------------|
| (i) Are more than 10 residents within the B&B forced to share them? | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Do these residents have exclusive use of: | | |
| • Worktop | <input type="checkbox"/> | <input type="checkbox"/> |
| • Fridge | <input type="checkbox"/> | <input type="checkbox"/> |
| • Storage cupboard | <input type="checkbox"/> | <input type="checkbox"/> |

(c) Location of the cooking facilities in relation to the bedroom.

- | | Yes | No |
|--|--------------------------|--------------------------|
| (i) Are the cooking facilities more than one floor distant from the residents' rooms?
<i>If yes, does the B&B hold fewer than 30 residents, over 4 storeys or less?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Is there a dining room area near to the kitchen which can be used?
<i>If yes, is it of adequate size?</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Rating:

Poor	Satisfactory	Good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Toilet and personal washing facilities:

(a) Does the occupant have exclusive/shared use of the following:

	Exclusive	Shared	Inadequate
(i) Bath/shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) WC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Hand basin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) If a resident has to share the use of the bath/shower and/or WC facilities:

		Yes	No
(i)	Do more than 5 residents have to share the WC facilities?	<input type="checkbox"/>	<input type="checkbox"/>
(ii)	Do more than 8 residents have to share the bathroom/shower facilities?	<input type="checkbox"/>	<input type="checkbox"/>
(iii)	Is the bath/shower or WC more than one floor away from the residents bedrooms?	<input type="checkbox"/>	<input type="checkbox"/>

Rating

Poor **Satisfactory** **Good**

4. Standard of Management

		Yes	No
(a)	Do the residents have access to their rooms at all times, (except when these rooms are being cleaned)?	<input type="checkbox"/>	<input type="checkbox"/>
(b)	Have provisions been made to accommodate residents during cleaning times?	<input type="checkbox"/>	<input type="checkbox"/>
(c)	Is there a clear emergency evacuation plan in place setting out action upon hearing the fire alarm, the escape routes and safe assembly point?	<input type="checkbox"/>	<input type="checkbox"/>
(d)	Is the supply of gas/electricity to residents' rooms available to the resident at all times?	<input type="checkbox"/>	<input type="checkbox"/>
(e)	Is the refuse stored in suitable or adequately sized refuse containers?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
(f) Has access been allowed for Officers to enter the premises in order to ensure that the requirements are being complied with – if necessary without notice?	<input type="checkbox"/>	<input type="checkbox"/>
(g) Has access been allowed for relevant Officers (including health visitors and social workers) to visit the residents of the premises and interview them in private in the room(s) they occupy?	<input type="checkbox"/>	<input type="checkbox"/>
(h) Is the manager of the B & B contactable at all times?	<input type="checkbox"/>	<input type="checkbox"/>
(i) Is the name, address and telephone no. of the manager displayed in a readily visible position in the B & B?	<input type="checkbox"/>	<input type="checkbox"/>
(j) Are procedures in place to deal with any complaints relating to harassment on racial, sexual or other discriminating grounds by other residents?	<input type="checkbox"/>	<input type="checkbox"/>
(k) Is there a working telephone available for use by the occupiers?	<input type="checkbox"/>	<input type="checkbox"/>
(l) Is there a notice displayed by the telephone detailing the address and telephone no. of the local environmental health department, fire brigade, gas co., electricity co., police station and local doctors?	<input type="checkbox"/>	<input type="checkbox"/>
(m) If “no” has been answered to any of the above, has the manager failed to rectify the breach following 2 months notice by the Council?	<input type="checkbox"/>	<input type="checkbox"/>
 <i>Rating:</i>		
Poor	Satisfactory	Good
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Points/Grading Awarded to the Bed & Breakfast:

(Please read in conjunction with 'Assessment of Minimum Standards and grading of B&Bs')

Points:

Grade:

B&B:

Signed: _____

Print Name: _____

Position: _____

Date of Visit: _____

Additional Comments: _____
