

Score: _____
 Date of Insp/Chg _____
 Status Code: _____

Health Department _____
 Current Facility ID _____
 Old Facility ID _____

**Inspection of
 Lodging Establishment**

Water Supply: <input type="checkbox"/> Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Non-Public Water Supply	Water sample taken today? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inspection <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Visit	<input type="checkbox"/> Name Change <input type="checkbox"/> Verification of Closure <input type="checkbox"/> Status Change
Wastewater System: <input type="checkbox"/> Community <input type="checkbox"/> On-Site System			

Name of Establishment: _____ Owner/Operator: _____

Location Address: _____ Mailing Addr. _____

City: _____ State: NC Zip: _____ City: _____ State: _____ Zip: _____

	Deduction Full/half (Circle One)	COMMENTS
LOBBY, HALLS AND STAIRS (.1808)		
1. Ventilation clean and in good repair	1 .5	_____
2. Lighting meets requirements	1 .5	_____
3. Floors, walls and ceilings clean and in good repair	1 .5	_____
4. Furniture and accessories clean and in good repair	1 .5	_____
LAVATORIES, TOILETS, AND BATHS (.1809)		
5. Sewage and other liquid waste disposed of by approved methods	2 1	_____
6. Properly operating sewage systems	3 1.5	_____
7. Fixtures clean and in good repair, provided in each room if required	3 1.5	_____
8. Lavatory and vanity sanitized, testing method available and used	2 1	_____
9. Towels provided clean and in good repair, soap	2 1	_____
10. Floors, walls and ceilings cleanable, clean and in good repair	2 1	_____
WATERSUPPLY (.1809, .1810)		
11. Meets requirements in 15A NCAC 18A .1700 or 15A NCAC 18C	6 3	_____
12. Cross-connections prohibited	3 1.5	_____
13. Hot and cold running water provided; (116°-128° F) in guestrooms	3 1.5	_____
DRINKING WATER FACILITIES (.1811)		
14. Water cooler, fountain or dispenser approved	4 2	_____
15. Multi-use utensils washed, rinsed, sanitized, properly stored and handled; approved facilities if required	4 2	_____
16. Ice buckets with liners, ice bucket lids washed, rinsed and sanitized in an approved manner	4 2	_____
17. Ice machines clean and in good repair; ice machines meet requirements	3 1.5	_____
18. Ice stored and handled to prevent contamination, scoops provided	3 1.5	_____
19. Single service articles properly stored and handled	3 1.5	_____
BEDROOMS (.1812)		
20. Ventilation clean and in good repair	1 .5	_____
21. Outside openings screened unless air conditioned	1 .5	_____
22. Lighting meets requirements	1 .5	_____
23. Window coverings clean and in good repair	2 1	_____
24. Two clean sheets on each bed, folded under mattress and over cover 6 inches	3 1.5	_____
25. Sheets, pillow cases, blankets and bed spreads clean and in good repair	4 2	_____
26. Floors, walls, and ceilings clean and in good repair	4 2	_____
27. Furniture, fixtures and accessories clean and in good repair	4 2	_____
28. No roaches, flies or other pests	4 2	_____
29. Coffee and tea makers kept clean	3 1.5	_____
STORAGE (.1813)		
30. Storage provided for supplies, linen and equipment; kept clean	3 1.5	_____
31. Linen properly handled and stored	3 1.5	_____
32. Supplies on carts properly stored, carts clean and stored properly	3 1.5	_____
TRASH; DISPOSAL OF GARBAGE AND PREMISES (.1814)		
33. Garbage containers covered, kept clean, facilities for cleaning	4 2	_____
34. Rubbish, litter and other items not permitted to accumulate on the premises	4 2	_____
35. No undrained areas, no fly or mosquito breeding places or rodent harborages	3 1.5	_____
36. Premises kept neat and clean	2 1	_____
TOTAL DEDUCTIONS		_____

Comment Sheet Attached YES NO

Inspection by: _____ REHS I.D. # _____

Rept Received by: _____ Owner/Operator _____

Purpose: General Statute 130A-248 requires the Commission for Public Health to adopt rules governing the sanitation of establishments where lodging is provided for pay. 15A NCAC 18A .1805 specifies the contents of an inspection form to record the results of inspections made of such establishments. This form is developed to be used in making inspections of hotels, motels, tourist homes and similar establishments. **Preparation:** Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for: 1. Original to be left with the responsible person. 2. Copy for the local health department. 3. Copy for the Environmental Health Section. **Disposition:** This form may be destroyed in accordance with Standard-8.B.6., Inspection Records, of the *Records Disposition Schedule* published by the N.C. Division of Archives and History. Additional forms may be ordered from: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)