

**Inspection of
Lodging Establishment**

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

Health Department _____
Current Facility ID _____
Old Facility ID _____

Water Supply: <input type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> 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"/> Name Change <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Verification of Closure <input type="checkbox"/> Visit <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: _____

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

COMMENTS
Critical items are highlighted

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)