# Tourist Accommodations Plan Review Checklist

## Chapter 290-5-18

### 1. General Information

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<tbody>
<tr>
<td>a. Facility Name</td>
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<td>b. Facility Address</td>
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<tr>
<td>c. Type of Facility (Motel/Hotel, Campground/RV Park, Bed and Breakfast Inn)</td>
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<td>d. Number of Units</td>
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<td>e. Project Contact Person</td>
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<td>f. Date Submitted:</td>
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<td>g. Date Approved:</td>
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<td>h. Date Disapproved:</td>
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**If disapproved, what other information or changes are needed?**

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### 2. Water Supply

<table>
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Water supply approved.

C. Cold running water provided to all equipment that uses water.

H. Hot and cold running water under pressure provided to all lavatories, bathing facilities, laundry facilities and all water-using equipment where eating and drinking utensils are washed.

P. Plans specify that hot water will not exceed 120°F.

W. Water supply adequately protected to preclude the possibility of back siphonage.

A. A “food grade” water hose is provided for filling trailer water tanks?

W. Water glasses, multiuse utensils and/or unlined ice buckets are used or supplied. What is the approved sanitizing method? (3 compartment sink______ approved dishwasher_______)

W. Water glasses and multiuse utensils are protected from contamination.

I. If used, how? ________________________________

A. All drinking fountains are constructed of impervious material.

D. Do all drinking fountains have an angle jet nozzle above the overflow rim of the bowl which is protected by a non-oxidizing guard?

I. Ice is made from an approved water supply.

I. Ice machines automatically dispense.
3. Toilet Facilities

Yes  No  NA

__  __  __  Toilet, lavatory and bathing facilities are provided as required in the rules.

__  __  __  All toilet, lavatory and bathing facilities are ventilated so that ductwork from toilet rooms do not connect into return ventilation ducts to any other room.

__  __  __  Soap in public restrooms dispensed from an approved container in a manner that prevents contamination.

__  __  __  Individual towels and bathmats are laundered in an acceptable manner. What is the method? Offsite laundry service ______________________ On-site laundry facility __________

__  __  __  Central toilet facilities provide not less than one commode, one lavatory and one tub or shower-head for each sex for each ten trailer spaces or fraction thereof and for each ten dwelling units of non-permanent structure or fraction thereof.

__  __  __  A urinal is provided in each central toilet designated for men.

4. Sewers

Yes  No  NA

__  __  __  Sewers designed in accordance with recognized engineering practices for the estimated sewage flow and approved by local building authority.

__  __  __  A sewer connection is provided to each independent trailer space which is not less than three inches in diameter, has suitable fittings to permit a watertight junction with a trailer outlet and can be closed when not in use to prevent escape of odors.

5. Sewage Disposal

Yes  No  NA

__  __  __  Will on-site sewage disposed be required?

__  __  __  Application for an on-site sewage management system submitted.

__  __  __  Site evaluated and approved for an on-site sewage management system.

6. Plumbing

Yes  No  NA

__  __  __  All plumbing comply with State and local laws, ordinances or regulations.
7. Garbage and Refuse Disposal

Yes  No  NA

___ ___ ___ Approved containers for waste provided within 100 ft. of tourist accommodation or in an approved location.

___ ___ ___ Adequate cleaning facilities provided for cleaning waste containers and storage areas.

___ ___ ___ Dispose of water from cleaning operation as directed by Health Authority.

8. Insect and Rodent Control

Yes  No  NA

___ ___ ___ Openings to the outside effectively protect against the entrance of rodents and insects.

9. Construction, Layout and Furnishings

Yes  No  NA

___ ___ ___ Ventilation provided for all rooms.

___ ___ ___ If windows are the only means for ventilation, is the openable window area at least 1/20 of the floor area served?

___ ___ ___ If ventilation is provided by other means than windows, is system adequate to make one complete air change each twenty minutes?

___ ___ ___ Artificial light provided to maintain at least ten foot candles at 30” above floor level.

10. Heating and Fire Safety

Yes  No  NA

___ ___ ___ All gas heaters vented to the outside of building.

___ ___ ___ Automatic natural gas heating equipment provided with an automatic safety pilot.

___ ___ ___ Liquefied petroleum gas burning appliances equipped with 100% safety cut off pilots.

___ ___ ___ Gas water heaters installed outside of bathrooms, bedrooms and connecting closets.

11. Swimming Pools

Yes  No  NA

___ ___ ___ Plans for the swimming pool and or spa have been submitted and approved.

___ ___ ___ If a swimming pool at a bed and breakfast establishment is not approved for guest, it must be provided with a fence at least four feet high with a locked gate.
12. Laundry Rooms

Yes  No  NA

__  __  __  Laundry facilities are separate from other facilities.

__  __  __  Laundry facilities for guest use are vented to the exterior, lighted, ventilated and separate from the tourist accommodation’s laundry facility.

__  __  __  Hot and cold water is provided to laundry facilities.

__  __  __  Dryers are vented to the outside.

13. Grounds

Yes  No  NA

__  __  __  Grounds are graded to drain and provided with serviceable walk and driveways.

__  __  __  At least 15 feet of clear space is provided between trailers and building.

__  __  __  At least 10 feet of clear space is provided between trailers and internal driveways.

__  __  __  Driveways are at least 20 feet wide and easily accessible to a public thoroughfare.

__  __  __  Grounded and weather-proof electrical outlets supplying at least 115 volts are located at each trailer space.

__  __  __  In recreational vehicle/trailer parks and campgrounds, power lines are located underground or suspended at least 18 feet above ground.

14. Food Service

Yes  No  NA

Food Menu Review

__  __  __  Will any food be provided at the facility? Based on the service and menu, which food operation is applicable:

Food Service __________

Bed and Breakfast _______ Continental Breakfast _________

__  __  __  Food service plans have been submitted and approved (if applicable).

Continental Breakfast Operation:

__  __  __  A two-compartment sink large enough to fully immerse the largest utensil used.

__  __  __  A refrigerator to maintain food temperatures at or below 41°F (5°C) is provided (if applicable).

__  __  __  Ice for beverages dispensed from a self service machine.
Yes  No  NA  Bed and Breakfast Inn Operation:

__ __ __ Floors, walls and ceilings materials are easy to clean as determined by the Health Authority.

__ __ __ Refrigeration facilities provided to maintain foods at or below 41°F (5°C).

__ __ __ Adequate means provided to maintain cooked foods at or above 140°F (60°C).

__ __ __ Are self service ice machines provided?

__ __ __ All equipment and utensils are constructed with safe materials, corrosion resistant and nonabsorbent, smooth and easily cleanable?

__ __ __ Three compartment sink provided for washing - rinsing - sanitizing dishes.

__ __ __ If a commercial dishwasher is provided, it must be NSF approved or equivalent.

__ __ __ If a non-commercial dishwasher is provided, does it use a high temperature rinse cycle or in lieu of this cycle is hot water delivered to the machine at a minimum of 155°F (68°C).

__ __ __ Sufficient area provided for handling soiled, clean and air drying utensils.

15. Plan Review Notes:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

16. Internal/External Coordination Information:
Check appropriate coordination requirements for permits or approvals applicable to this project:

- Water Supply: Public Water Utility ☐ EPD Permitted Well ☐ MOU Well ☐
- Sewage Disposal: Public Sewage/Utility ☐ On-site Sewage Management System ☐
- Food Operation: Continental Breakfast ☐ Foodservice Establishment ☐ Bed and Breakfast Meal ☐
- Type of Pool: Swimming Pool ☐ Spa ☐ Special Purpose ☐
- Local Authorities: Zoning ☐ Building Inspection ☐ Fire ☐ Other ☐

Signature: ______________________________________ Date: ______________________

Environmental Health Specialist