

STATE OF FLORIDA
 DIVISION OF HOTELS AND RESTAURANTS
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 www.myfloridalicense.com

Lodging Inspection Report

This inspection report must be made public upon request per Florida law.

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Inspection Date:
 License Number:
 Owner Name:
 Location Address:

License Expiration:
 Inspection Reason:
 Business Name:
 License Type:
 Telephone Number:
Reinspection on or After:

Number of Units:

SAFETY

01 Fire extinguishers (FOR REPORTING PURPOSES ONLY)	08 Boiler, boiler room
02 Fire Hazards	09 Lighting: public, guest rooms
03 Fire sprinkler system (FOR REPORTING PURPOSES ONLY)	10 Adequate heating
04 Smoke detectors; fire alarm systems (FOR REPORTING PURPOSES ONLY)	11 Appliances properly installed; maintained
05 Hearing impaired smoke detectors	12 Balcony: railing safety, certification
06 Exits obstructed (FOR REPORTING PURPOSES ONLY)	13 Building repair
07 Electrical wiring in good repair (FOR REPORTING PURPOSES ONLY)	14 Proper locking devices

SANITATION

15 Bathrooms; public; guest; supplies	22 Ice protection
16 Water source safe; hot/cold provided	23 Glassware; tableware; utensils sanitized
17 Bedding: bed linens, towels	24 Vermin control
19 Plumbing	25 Premises maintained
20 Ventilation	26 Garbage and refuse disposal
21 Toxics: storage, use	27 Sewage and waste water disposal

CONSUMER PROTECTION

29 Guest property: liability, notified	34 Licensee: criminal conduct
32 Security deposit	35 Florida Clean Indoor Air Act
33 Unethical business practices; overbooking	36 Telephone surcharge posted
	37 Guest register

GENERAL

38 Current license: displayed, available upon request	39 Housekeeping
40 Other conditions: safe, sanitary	

HUMAN TRAFFICKING

41 Human Trafficking	
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Items marked YES are in compliance. Items marked NO are violations. Specific details of the violations are listed on subsequent pages. Items marked N/A are Not Applicable. Items marked as N/O are Not Observed and were not being conducted at the time of inspection.

OTHER ITEMS

Balcony Certification:

Hearing Impaired Smoke Detector Type:

Water Source:

Sewage:

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Boiler:

Boiler Jurisdiction and Expiration:

Inspector Comments:

This report has been provided electronically as requested by the person in charge at the time of inspection.

Signature of Recipient

Inspector Signature

Location:
License #:
Inspector: