

Lodging Inspection Report

Disposition:

Inspection Date:

License Expiration:

License Number:

Inspection Reason:

Owner Name:

Business Name:

Location Address:

License Type:

Telephone Number:

Number of Units:

Callback Date:

SAFETY

01 Fire extinguishers (FOR REPORTING PURPOSES ONLY)	
02 Fire Hazards	
03 Fire sprinkler system (FOR REPORTING PURPOSES ONLY)	
04 Smoke detectors; fire alarm systems (FOR REPORTING PURPOSES ONLY)	
05 Hearing impaired smoke detectors	
06 Exits obstructed (FOR REPORTING PURPOSES ONLY)	
07 Electrical wiring in good repair (FOR REPORTING PURPOSES ONLY)	

08 Boiler, boiler room	
09 Lighting: public, guest rooms	
10 Adequate heating	
11 Appliances properly installed; maintained	
12 Balcony: railing safety, certification	
13 Building repair	
14 Proper locking devices	

SANITATION

15 Bathrooms; public; guest; supplies	
16 Water source safe; hot/cold provided	
17 Bedding: bed linens, towels	
19 Plumbing	
20 Ventilation	
21 Toxics: storage, use	

22 Ice protection	
23 Glassware; tableware; utensils sanitized	
24 Vermin control	
25 Premises maintained	
26 Garbage and refuse disposal	
27 Sewage and waste water disposal	

CONSUMER PROTECTION

29 Guest property: liability, notified	
32 Security deposit	
33 Unethical business practices; overbooking	

34 Licensee: criminal conduct	
35 Florida Clean Indoor Air Act	
36 Telephone surcharge posted	
37 Guest register	

Date and Time: _____
 Location: _____
 License #: _____
 Inspector: _____

GENERAL

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

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:

Boiler:

Boiler Jurisdiction and
 Expiration:

Inspector Comments:

Operator Signature: _____
 Operator Name: _____
 Operator Title: _____
 Date and Time: _____

Inspector Signature: _____
 Inspector Name: _____
 Inspector Title: _____
 Inspector Address: _____

850.487.1395 / Fax: _____
 Date and Time: _____

Date and Time: _____
 Location: _____
 License #: _____
 Inspector: _____

VIOLATIONS

Date and Time: _____
 Location: _____
 License #: _____
 Inspector: _____