STATE OF FLORIDA

DIVISION OF HOTELS AND RESTAURANTS DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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Lodging Inspection Report

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

Inspection Date:	License Expiration:				
License Number:	Inspection Reason:	Inspection Reason:			
Owner Name: Location Address:		Business Name: License Type: Telephone Number:			
Location Address.	Telephone Number:				
Number of Units:	Reinspection on or After:				
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				
S	ANITATION				
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				
CONSUM	MER 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	40 Other conditions: safe, sanitary				
39 Housekeeping					
Items marked YES are in compliance. Items marked NO are violations. Sp. Not Applicable. Items marked as N/O are Not Observed and were not being	g conducted at the time of inspection.	ked N/A are			
	THER ITEMS				
Balcony Certification:					
Hearing Impaired Smoke Detector Type:					
Water Source:					
Sewage:					
Boiler:					
Boiler Jurisdiction and Expiration:					

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Inspector Comments:		

VIOLATIONS

Signature of Recipient Inspector Signature