

LEGAL NOTICE
Lodging Inspection Report

<input type="checkbox"/> MET INSPECTION STANDARDS during this visit
<input type="checkbox"/> FOLLOW-UP INSPECTION REQUIRED Violations require further review, but are not an immediate threat to the public.
<input type="checkbox"/> FACILITY TEMPORARILY CLOSED Operations ordered stopped until violations are corrected.

LICENSE TYPE
<input type="checkbox"/> 2001 Hotel <input type="checkbox"/> 2002 Motel <input type="checkbox"/> 2003 Apartment <input type="checkbox"/> 2004 Rooming House <input type="checkbox"/> 2005 Bed & Breakfast <input type="checkbox"/> 2006 Resort Condominium <input type="checkbox"/> 2007 Resort Dwelling <input type="checkbox"/> 2052 Unlicensed Lodging
LICENSE NUMBER
REMINDER: Your license expires ____/____/____
<input type="checkbox"/> Original Visit <input type="checkbox"/> Callback
FOR CALLBACKS, ORIGINAL VISIT DATE WAS: ____/____/____

INSPECTION TYPE <input type="checkbox"/> Unscheduled (ROUT) <input type="checkbox"/> Licensing (LIC) <input type="checkbox"/> Complaint Full (COMP) <input type="checkbox"/> Complaint Partial (CPAR) <input type="checkbox"/> Disaster Response (DSTR) <input type="checkbox"/> Service Request (SERV) <input type="checkbox"/> Quality Assurance (QA) <input type="checkbox"/> Training (TRNG)	Owner Name:				
	Business (DBA) Name:				
	Location Address:			Rental Units:	
	City, State, Zip:				
	Inspector Area	Visit Date		Visit Time	
	Month	Day	Year	Start	End

ITEMS MARKED WITH AN ASTERISK (*) ARE OF CRITICAL CONCERN AND MUST BE CORRECTED IMMEDIATELY.

KEY: = Not In Compliance COS = corrected on-site during inspection R = repeat violation

VIOLATION	COS	R	VIOLATION	COS	R
<input type="checkbox"/> *01 Fire extinguishers/standpipe systems (FOR REPORTING PURPOSES ONLY)			<input type="checkbox"/> *21 Toxics: storage, use		
<input type="checkbox"/> *02 Fire Hazards (FOR REPORTING PURPOSES ONLY):			<input type="checkbox"/> *22 Ice protection		
<input type="checkbox"/> *03 Sprinkler system			<input type="checkbox"/> *23 Glassware; tableware; utensils sanitized		
<input type="checkbox"/> *04 Smoke detectors; fire alarm systems (FOR REPORTING PURPOSES ONLY)			<input type="checkbox"/> *24 Vermin control		
<input type="checkbox"/> *05 Smoke detectors: hearing impaired			<input type="checkbox"/> 25 Premises maintained		
<input type="checkbox"/> *06 Exits: obstructions, exit signs, emergency lights (FOR REPORTING PURPOSES ONLY)			<input type="checkbox"/> 26 Garbage and refuse disposal		
<input type="checkbox"/> *07 Electrical deficiencies (FOR REPORTING PURPOSES ONLY)			<input type="checkbox"/> *27 Sewage and waste water disposal		
<input type="checkbox"/> *08 Boiler, boiler room			<input type="checkbox"/> 29 Guest property: liability, notified		
<input type="checkbox"/> *09 Lighting: public, guest rooms			<input type="checkbox"/> 32 Security deposit		
<input type="checkbox"/> *10 Adequate heating			<input type="checkbox"/> *33 Unethical business practices; overbooking		
<input type="checkbox"/> *11 Appliances properly installed; maintained			<input type="checkbox"/> 34 Licensee: criminal conduct		
<input type="checkbox"/> *12 Balcony: railing safety, certification			<input type="checkbox"/> 35 Florida Clean Indoor Air Act		
<input type="checkbox"/> 13 Building repair			<input type="checkbox"/> 36 Telephone surcharge posted		
<input type="checkbox"/> *14 Proper locking devices			<input type="checkbox"/> 37 Guest register		
<input type="checkbox"/> 15 Bathrooms: public, guest, supplies			<input type="checkbox"/> *38 Current license: displayed, available upon request		
<input type="checkbox"/> *16 Water source safe; hot/cold provided			<input type="checkbox"/> 39 Housekeeping		
<input type="checkbox"/> 17 Bedding: bed linens, towels			<input type="checkbox"/> 40 Other conditions: safe, sanitary		
<input type="checkbox"/> 18 Household furnishings			<input type="checkbox"/> 41 Posting operator service information		
<input type="checkbox"/> 19 Plumbing			<input type="checkbox"/> 42 Blocking operator access		
<input type="checkbox"/> 20 Ventilation					

01-FIRE EXTINGUISHERS Date(s)	03-SPRINKLER/STANDPIPE SYSTEMS Date(s)	04-FIRE ALARM SYSTEMS Date(s)	08-BOILER CERTIFICATION Expiration Date	12-BALCONY CERTIFICATION Expiration Date
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Inspection Disposition			
<input type="checkbox"/> Inspection Completed – No Further Action (ISAT)	<input type="checkbox"/> Callback – Complied (CBCM)	<input type="checkbox"/> Administrative Complaint Recommended (ACRQ)	<input type="checkbox"/> Emergency Order Recommended (EOCL)
<input type="checkbox"/> Warning Given (WARN)	<input type="checkbox"/> Callback – Extension Given (CBEX)	<input type="checkbox"/> Administrative Complaint Callback – Complied (ACCM)	<input type="checkbox"/> Emergency Order Callback – Complied (EOCM)
<input type="checkbox"/> Seasonal (SEAS)	<input type="checkbox"/> Callback – Administrative Complaint Recommended (CBNO)	<input type="checkbox"/> Administrative Complaint Callback – Time Extension (ACEX)	<input type="checkbox"/> Emergency Order Callback – Time Extension (EOEX)
<input type="checkbox"/> Closed – Out of Business (COFB)	<input type="checkbox"/> Administrative Determination Recommended (ADDT)	<input type="checkbox"/> Administrative Complaint Callback – Not Complied (ACNO)	<input type="checkbox"/> Emergency Order Callback – Not Complied (EONO)

FAILURE TO COMPLY WITH THIS NOTICE MAY INITIATE AN ADMINISTRATIVE COMPLAINT THAT MAY RESULT IN SUSPENSION OR REVOCATION OF YOUR LICENSE AND FINES UP TO \$1,000 PER VIOLATION.

I acknowledge receipt of these inspection forms and comments. Violations must be corrected by: ____/____/____:____ AM PM **ADDITIONAL COMMENTS ON ATTACHED COMMENT SHEET**

Person In Charge Name (Please Print)	Title	Inspector's Name (Please Print)
Person In Charge Signature	Telephone	Inspector's Signature
		Inspector's Telephone