## 1.2 STF Standard Accommodation Checklist - English

As part of our continuing efforts to closely match the requirements of our clients, before we can confirm any booking, we require this safety checklist to be fully completed and then signed and dated at the bottom of page 4. Please complete all questions as accurately as possible and answer all questions. NB - use the additional comments space in point 10 if required.

Proper Name	POPPIES					
Addres	Address  G1. de Stuersstraat 20  8900 Ieler  Telephone +3757212001 email sales@meninge Web address www. + Refognes be  Questions  Yes No N/a F					
	8900 Iele	٠,				
Teleph	one +3757212001 email	Sale	s@n	nenu	igate.com	
Web a	ddress www. they office	s be			0	
					details/comments	
	ut the building (if more tha be in point 10)	n 1 buile	ding o	r build	dings vary	
1.1	Is the building:					
1.1.a	Open construction, i.e. all corridors are totally open to outside air?	M				
1.1.b	Closed construction, i.e. all or a substantial portion of the corridors are enclosed and not open to outside air?					
1.2	Number of floors including ground floor and below?	4				
1.3	Number of bedrooms?	30				
1.4	Maximum number of guests at full capacity?	130				
1.5	Do you share the building with other businesses?		X			
1.6	Do you have bedrooms and facilities for guests with reduced mobility?		X			
2. Insu			0			
2.1	What is the amount of your public liability insurance cover?	[£]	€][\$] 1.50	0.000	1	
	Questions	Yes	No	N/a	Further details/comment	

Annexe 2

	Questions	Yes	No	N/a	Further details/comments
3. Fir	e Awareness and Training	THE STATE		V 172 II.	Black Black
3.1	If requested, can groups be given a fire talk by management on arrival?	X			
3.2	Do staff receive Health & Safety training including fire safety?	×			
4. Fire	e Detection and Alarm		THE REAL PROPERTY.		NO SERVED IN
4.1	Does the property have an electric fire alarm?	χ			
4.2	Is the fire alarm serviced and inspected regularly?	X			
4.3	Is the property fitted with fire sprinklers?		7		
	he alarm system include?				
4.4	Fire alarm manual call points (push button, break glass boxes)	X			
4.5	Sounders (bells or sirens)?	X	le .		
4.6	An alarm panel that still works if the main power fails?	X			P
4.7	Smoke or heat detectors that are interconnected with each other and the fire alarm panel?	X			
Where	are detectors located?				
4.8	Bedrooms	V			
4.9	Corridors	X			~ ~ ~
4.10	Stairways	×	100		
4.11	Public Rooms	Х			
4.12	Kitchen	X			
4.13	Risk Rooms				
5. Fire	Risk Rooms  Protection and Means of Esca  Do you have fire evacuation	ape		U. P. C.	
	instructions in English and/or a pictorial evacuation plan in all bedrooms?	X			
5.2	Are emergency stairways either outside, open to the air or protected by suitable fire doors at each internal stairwell entrance?	X			

	Questions	Yes	No	N/a	Further details/comments
5.3	How many normal and emergency exit staircases are there, which extend from the top floor all the way to the ground floor?	3			
5.4	Are all emergency exit routes and exit doors fully signposted with pictorial signs?	×			
5.5	Do all emergency exit routes and corridors have emergency lighting?	X			
5.6	Are long internal corridors (30m+) sub-divided by smoke stop doors?			X	
5.7	Are bedroom doors fire resistant and self-closing doors?	×			
5.8	Are all fire doors closed at night or closed automatically when the fire alarm is activated?	×			
5.9	Do <u>all</u> doors on emergency routes and <u>all</u> final exit doors open from the inside without use of a key?	X			
5.10	Where corridors have only one direction to an exit route, what is the maximum distance to travel to the exit route?	8m	7		3
5.11	Do all atriums have a method to vent smoke from the atrium in the event of fire?		X		
6. Saf	eguarding and Security		STITLE .		
6.1	Do bedroom doors lock from the inside?	X			
6.2	Do bedroom windows that are easily accessible from the outside have restricted opening?	×			
6.3	Will groups be accommodated in rooms that are adjacent or close together?	χ			

Annexe 2

	Questions	Yes	No	N/a	Further details/comments
6.4	Are all entrances to the accommodation secure or supervised to prevent intruder entry?	X			
6.5	Can guests contact a member of staff for urgent assistance 24 hours a day?	×			
6.6	Do all bedrooms/sleeping areas have bath/shower and toilets that are isolated/private for use by the group members only?	×			
6.7	Will male and female group members each have separate bath/shower and toilets within their bedrooms/sleeping areas?	×			
7. Fo	od and Water Hygiene		SERVI	740X 12	12 10 10 10 10 10
7.1	Is food prepared and cooked on the premises in accordance with a HACCP food safety system?	×			-
7.2	Are you inspected at least annually by an external food safety authority or organisation?	×			
7.3	Do you manage pest control through contracted services or trained staff onsite? (state which) and are records available to demonstrate an effective pest control management system?	X	77		3
7.4	Do you have a Legionella control policy?	<b>X</b>		+	
	neral Safety			VI TO	
8.1	Are all electrics maintained in good working order?	X			
8.2	Are electrics subject to regular checks by a competent electrician?	X			
8.3	Do all full-length glass panels, including patio doors, have anti-collision stickers at child and adult height?	χ			

	Questions	Yes	No	N/a	Further details/comments
8.4	Are carpets on stairways fixed and secure from slipping?	<b>×</b>			
8.5	Are all balconies at least 1.1m high with no horizontal bars to encourage climbing?	X		NA.	
8.6	If bunk beds are supplied, are safety rails fitted?	X			
8.7	Do any of your rooms contain fold-down beds?		Х		
8.8	Are bedrooms, apartments and public areas free from gas-fired appliances?		Ŋ		
8.9	How often are gas appliances including central heating boilers, serviced by a qualified engineer?	VY.			
8.10	Is there in place and reviewed at least yearly written procedures for crisis management, safety protocols and business continuity for:		X		
	• illness outbreaks		Х		
	<ul> <li>infection surveillance and prevention</li> </ul>		X		
	<ul> <li>epidemics/pandemics such as COVID-19</li> </ul>		χ		300
	<ul> <li>severe weather disruption, loss of power/water</li> </ul>		×		
	<ul> <li>other safety-related incidents</li> </ul>		X		
8.11	Is training provided to accommodation staff in relation to the procedures etc. in 8.9 above?			X	

	Questions	Yes	No	N/a	Further details/comments
8.12	Following the COVID-19 pandemic is the accommodation operating on site any additional specific protocols, recommendations, regulations or other procedures for COVID-19 or other illness and infection surveillance and prevention? If yes advise full details and indicate if the protocols are either internally drafted and/or are from the local or national health authority, local or national tourist board or other similar organisation?		×		
	Is (If more than 1 or if pools v	ary de	scrib	e in se	ection 10)
9.1	Does the property have a pool?		X		14
9.2	Are depth markings and changes in depth clearly marked?			χ	
9.3	Are lifeguards on duty when in use?			X	
9.4	Is rescue and first aid equipment available and clearly marked within 5m of the pool?			X	37
9.5	How often is water clarity and condition checked?		-	X	
9.6	Is the pool secured or illuminated at night?			X	

Risk Assessment Outcome?	Tick as appropriate	Comments/further actions/dates/initials etc
High Conformity		
Acceptable Conformity		
	0	
Unacceptable Conformity		Man &
	170 <sub>16</sub>	

10. Please make any additional comments below on any of the above questions, or if there are any other health & safety issues that our groups should be aware of, particularly anything relevant to the provision of accommodation services for schools and children's groups	
T. Secretary	
2 "00,	
and the later of the second	
IMPORTANT DECLARATION I confirm that the accommodation conforms to all local and national fire, general safety, hygiene and infection prevention	
standards, including Covid 19 protocols. I also confirm that the	
accommodation has current and valid permissions to operate as well as a current and valid liability insurance policy and that the information provided in	
this Standard Checklist is correct and accurate to the best stimy knowledge.	
Name Vanderstraete Signature	
Name  Position/Job Title  Name  Stefacan  Signature  Signature  Signature  Date  Dat	

Annexe 2