

**SUVA CITY COUNCIL**  
Health Services Department

**C**



**INSPECTION REPORT FOR NIGHTCLUBS, TAVERNS**

**PREMISES KNOWN AS:**.....

**NATURE OF BUSINESS:**.....

**LOCATION OF PREMISES:**.....

**NAME OF LICENCEE:**.....

A.	<b><u>LIQUOR BAR &amp; SERVICE AREA.</u></b>	<b><u>CONDITIONS IN BRIEF</u></b>
1.	Floor - made of materials easy to clean & sanitize	
2.	Walls - made of materials easy to clean & sanitize	
3.	Ceiling - made of materials easy to clean & sanitize	
4.	Light and Ventilation - Is it provided & with proper ventilation?	
	Lighting:	
	• Natural	
	• Artificial - adequate and protected	
	Ventilation:	
	• Natural	
	• Artificial - adequate and allows for good extraction	
5.	Work sinks and provision of hot & cold water	
6.	Disinfectant used for dishwashing... etc	
7.	Wash hand basin for workers, Liquid Soap & Paper Towels in dispensers	
8.	Shelves, Racks, Counter	
9.	Drinking glasses, etc) - Are they made of non-corrosive material, easy to clean & sanitize?	
10.	Cleaning procedures in place for glasses, jugs ...etc?	
11.	Drying racks, available with impervious and easy to clean and sanitize materials	

12.	Sufficient areas to carryout work under sanitary and hygienic conditions	
13.	Beer bowlers- Provision of waste trap/tray containing methyl violet.	
14.	PROTECTION AGAINST VERMINS AND PESTS	
	Are there effective and appropriate vermin proofing protection facilities.	
	Procedure and monitoring frequency? Records available/ existing plans for pest control management?	
	Any presence of Insects/Vermin [e.g. cockroaches, flies] seen?	
<b>B.</b>	<b>SITTING AREA/ LOUNGE</b>	
1.	Floor	
2.	Walls	
3.	Ceiling	
4.	Light and Ventilation	
5.	Tables and Chairs	
6.	Insects/Vermin	
<b>C.</b>	<b>DANCE FLOOR ( for nightclubs only)</b>	
1.	Floor	
2.	Walls	
3.	Ceiling	
4.	Light and Ventilation	
<b>D.</b>	<b>TOILETS</b> [Male and Female]	
1.	Are they available & sufficient	
	No. of w/c - employees	
	No. of urinals - employees	
	No. of w/c - patrons	
	No. of urinals - patrons	
	Pan, Seat, Urinal	
	Provision of toilet papers	
2.	Are they opened directly onto the liquor service area?	
3.	Are they equipped with working water – flushing system?	
4.	Are they provided with hand washing facilities (hand sanitizers & disposable towels/hand driers)	
5.	Floor - made of materials easy to clean & sanitize	
6.	Walls - made of materials easy to clean & sanitize	
7.	Ceiling - made of materials easy to clean & sanitize	
8.	Light and Ventilation – Are they provided	

	with proper ventilation?	
	Lighting:	
	• Natural	
	• Artificial - adequate and protected	
	Ventilation:	
	• Natural	
	• Artificial - adequate and allows for good extraction	
	Any presence of Insects/Vermin [e.g. cockroaches, flies] seen?	
<b>E.</b>	<b>STORAGE ROOM</b>	<b>CONDITIONS IN BRIEF</b>
1.	Floor	
2.	Walls	
3.	Ceiling	
4.	Light and Ventilation	
5.	Storage facilities [freezers/coolers]	
<b>F.</b>	<b>GENERAL</b>	
1.	Rubbish Bins	
2.	Personal Hygiene of workers	
3.	Aprons	
4.	Equipment, crockery, cutlery, and utensils	
5.	General House – keeping	
6.	External surrounding.	
7.	Commercial refuse disposal	
8.	Valid Health Permit/License displayed	
INSPECTED BY: .....		.....
(Print name)		
SIGNATURE: .....		.....
		Company representative & signature
DATE OF INSPECTION: .....		

DESCRIPTION OF PREMISES: .....

NATURE & EXTENT OF BUSINESS: .....