



Georgia Department of Public Health TOURIST ACCOMMODATION INSPECTION RECORD

Name of Accommodation _____ Address _____ City _____ County _____

Deficiencies found during inspection are marked with an (X). A check mark (✓) indicates satisfactory compliance. (NA) means non-applicable.					
	No.	Item Description	Eval. Pts.	X ✓ NA	Notes
WATER SUPPLY	1.	Adequate, approved, no cross-connection	6		
	2.	Trailer water tank hose properly used & stored	1		
	3.	Cups, glasses & multiuse utensils washed, rinsed & sanitized after each occupancy or single service provided	4		
	4.	Drinking founts of approved design	1		
	5.	Ice from an approved source stored and handled properly	2		
TOILET FACILITIES	6.	Toilet facilities provided	5		
	7.	Rooms, fixtures clean & in good repair	2		
	8.	Well lighted, ventilated	2		
	9.	Hot & cold water under pressure, soap & individual towels, receptacles	2		
	10.	Central toilet facilities, separate for each sex, provided within 200 ft. of each dwelling unit served	3		
SEWERS	11.	Sewers & connections approved	2		
SEWAGE DISPOSAL	Method: 1. Public, 2. Septic Tank, 3. Other			§	
	12.	Sewage & other liquid waste disposed of by an approved manner	4		
PLUMBING	13.	Plumbing properly installed with no back siphonage, good repair	4		
REFUSE DISPOSAL	14.	Containers adequate, approved, properly located	4		
	15.	Approved collection & disposal	4		
INSECT / RODENT CONTROL	16.	Dwelling units effectively screened or other means for excluding insects	2		
	17.	Vermin effectively controlled	2		
HOUSING	18.	Clean, structurally sound, good repair	5		
	19.	Well lighted, ventilated	1		
	20.	Furnishings clean & in good repair	4		
	21.	Bed clothing clean, linens replaced daily unless written notice is given to occupant	4		
HEATING AND FIRE SAFETY	Type: 1. Central gas, 2. Individual gas, 3. Central other, 4. Individual other			§	
	22.	All gas appliances properly vented to exterior	6		
	23.	Natural gas equipment equipped with automatic safety pilot, liquefied petroleum appliances with 100% safety pilot	6		
	24.	Gas water heaters properly located & vented	1		
	25.	Smoke detectors & fire extinguishers installed & operational	2		
FOOD SERVICE	Type: 1. Permit, 2. Continental breakfast only, 3. Bed & Breakfast Inn serving full meal			§	
	26.	In compliance with applicable rules	2 to 8		
LAUNDRY ROOMS	27.	Separate, structurally sound, clean, good repair	2		
	28.	Hot & cold water under pressure, adequate light & ventilation	2		
GROUNDS	29.	Well drained, clean, maintained	1		
	30.	Trailers properly spaced and marked, 15ft. between trailers & property lines, 10ft. between trailers and internal driveways, abuts on drives 20ft. or wider	1		
	31.	Grounded & weatherproof electrical outlets at each trailer space, power lines underground or suspended at least 18 ft. above ground	1		
	32.	Swimming pool and spa in compliance	1		
EMPLOYEE HYGIENE	33.	Good personal hygiene, no communicable disease	4		
PERMIT	34.	Permit displayed, current inspection report posted	1		

Additional Comments _____			
§ Place Appropriate Number in Block			
Date of Inspection _____	Discussed with (Signature) _____	Title _____	Inspected by (Signature) _____
			Title _____