# Lodging Establishment Plan Review Questionnaire

<table>
<thead>
<tr>
<th>Establishment Name</th>
<th>E-mail</th>
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<tbody>
<tr>
<td>Owner's Name</td>
<td>Phone #</td>
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<tr>
<td>Physical Address</td>
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<tr>
<td>Mailing Address</td>
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<tr>
<td>City, State, Zip</td>
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Please complete and return the following questionnaire along with the layout plan (drawn to at least a minimum scale of 1/4" = 1 foot) at least 30 days prior to the beginning of any construction.

Estimated Completion Date: [___] Number of Units: [___]

## Type of Lodging Establishment
- Hotel [○]
- Specialty Resort [○]

1. Has a layout plan of the lodging establishment been provided to the State Health Department for review?  
   - Yes [○]  
   - No [○]

2. Water Supply:  
   - Public [○]  
   - Private [○]  
   - Rural Water [○]

   Note: Private water systems must be analyzed for bacteriological and nitrate contamination. Attach a copy of the laboratory results.

3. Sewer System:  
   - Public [○]  
   - Private [○]

   Note: Private sewer systems must be approved by the Dept. of Environment and Natural Resources. Please contact DENR at (605)773-3351 for information on obtaining Sewer System approval.

4. What type of room heating equipment is provided?  
   - Fuel Fired [○]  
   - Electric [○]  
   - Other [○]

5. Is an area for outside garbage storage provided?  
   - Yes [○]  
   - No [○]

   A. If yes, are leakproof, nonabsorbant containers provided?  
      - Yes [○]  
      - No [○]

6. Are smoke detectors provided in each sleeping room?  
   - Yes [○]  
   - No [○]

   Hardwired with battery backup [○]  
   Battery operated only [○]

7. Is each sleeping room properly equipped with an approved accessible means of egress?  
   - Yes [○]  
   - No [○]

   Note: Included 'Egress Window Requirements' sheet for clarification of these requirements.

8. What type of ventilation is provided in the bathrooms?  
   - Mechanical [○]  
   - Natural [○]

9. Please describe the floor, wall, and ceiling coverings in the following areas:

<table>
<thead>
<tr>
<th>Room Type</th>
<th>Floor</th>
<th>Wall</th>
<th>Ceiling</th>
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</thead>
<tbody>
<tr>
<td>Sleeping Room</td>
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<tr>
<td>Bathroom</td>
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<td>Laundry Room</td>
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<tr>
<td>Storage Room</td>
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<td>Kitchen</td>
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<tr>
<td>Continental Breakfast</td>
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</table>
10. Is a pest control service provided?  Yes ☐  No ☐
   If yes, please describe ____________________________________________

11. Utensil washing facilities available?  2-compartment sink ☐  3-compartment sink ☐  Sanitizing Dishwasher ☐
   If yes, please describe _____________________________________________________________________

12. Is a separate hand sink provided in the food preparation area?  Yes ☐  No ☐
   A. If no, please explain: ____________________________________________

13. Are laundry facilities located on site?  Yes ☐  No ☐
   A. If yes, what type of ventilation is provided?  Mechanical ☐  Natural ☐
   B. If no, where will laundry be done?

14. Is a mechanical clothes dryer(s) provided?  Yes ☐  No ☐

15. How is ice dispensed?  Self-service ☐  Automatic Dispenser ☐  Bagged ☐
   Note: Ice machine drain lines must be air gapped. (indirectly hooked to drain)

16. Are meals or a continental breakfast provided?  Yes ☐  No ☐
   A. If yes, please describe? ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   B. If yes, what equipment is provided in the kitchen?
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

17. Is a swimming pool provided?  Yes ☐  No ☐  Number of: __________

18. Is a spa or hot tub provided?  Yes ☐  No ☐  Number of: __________

Note: Please enclose construction plans and a pool or spa questionnaire for each pool, spa, and hot tub.

Please note the American’s with Disabilities Act (ADA) regulations are to be followed for all facilities. ADA requirements are regulated and enforced by the US Department of Justice. For more information, please call the ADA hotline at 1-800-514-0301 or visit their website at http://www/ada.gov/

SEND YOUR COMPLETED QUESTIONNAIRE AND LAYOUT PLAN TO:
Office of Health Protection  
600 East Capitol Ave 
Pierre, SD 57501-1700 
Phone (605)773-4945 
Fax (605) 773-5683 
www.doh.sd.gov