

Lodging Establishment Plan Review Questionnaire

Establishment Name		E-mail	
Owner's Name		Phone #	
Physical Address			
Mailing Address			
City, State, Zip			

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

Date Submitted

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:

Room Type	Floor	Wall	Ceiling
Sleeping Room			
Bathroom			
Laundry Room			
Storage Room			
Kitchen			
Continental Breakfast			

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

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