# Lodging Establishment Plan Review Questionnaire

<table>
<thead>
<tr>
<th>Establishment Name</th>
<th>Owner’s Name</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Est. Completion Date</th>
<th>Number of Units</th>
</tr>
</thead>
</table>

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.

**Type of Lodging Establishment**
- Hotel
- Specialty Resort
- Bed & Breakfast
- Vacation Home

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

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

   **Sleeping Room Floors**
   **Bathroom Floors**

   **Sleeping Room Walls**
   **Bathroom Walls**

   **Sleeping Room Ceilings**
   **Bathroom Ceilings**

   **Kitchen Floors**
   **Continental Brkfst. Room Floors**

   **Kitchen Walls**
   **Continental Brkfst. Room Walls**

   **Kitchen Ceilings**
   **Continental Brkfst. Room Ceilings**

   **Laundry Room Floors**
   **Storage Room Floors**

   **Laundry Room Walls**
   **Storage Room Walls**

   **Laundry Room Ceilings**
   **Storage Room Ceilings**

9. Utensil washing facilities available?  
   - 2-compartment sink [ ]  
   - 3-compartment sink [ ]  
   - Sanitizing dishwasher [ ]

**Date Submitted**
10. Is a separate hand sink provided in the food preparation area?  
   Yes ☐  No ☐

11. 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?  

12. Are mechanical clothes driers provided?  
   Yes ☐  No ☐

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

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

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

16. 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 requirements must be followed for handicapped accessibility in all lodging establishments.

SEND YOUR COMPLETED QUESTIONNAIRE AND LAYOUT PLAN TO:  
Office of Health Protection  
615 E Fourth Street  
Pierre, SD 57501-1700  
Phone (605)773-4945  
Fax (605) 773-6667  
www.doh.sd.gov