

Lodging Establishment Plan Review Questionnaire

Establishment Name			
Owner's Name		Phone #	
Physical Address			
Mailing Address			
City, State, Zip			
Est. Completion Date		Number of Units	

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**
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. 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**

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 hottub.

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