

## SINGLE ROOM ACCOMMODATION INSPECTION REPORT

SRA20000

Property Address	Date of Inspection
Building Name	
Name of Contact Person:	
Reason for Inspection	
Contact Person is: Owner	Hotel Operator Other
Notice of Designation Poste	d? Yes If Yes, is it in a conspicuous location (eg. Lobby)?
	Yes No further action.
	No Have owner/operator relocate notice.
	No If owner/operator does not have copy of the By-law and Notice of Designation, notify SRA staff to resend
The following questions could he permanent residents VS transier	elp determine how the SRA-designated building is actually being used (ie. Accommodation for nt guests):
# of rooms vacant at time o	of inspection
Of the rooms that are occup	oied, how many are daily or weekly monthly
Daily rental rates: (mi	n) (max)
Weekly rental rates: (mi	n) (max)
Monthly rental rates: (mi	n) (max)
Guests' register or receipt books could also be checked on a random basis to determine actual use of rooms (ie. Accommodation for permanent residents VS transient guests):	
Guests Register or receipt b	pooks checked? Yes No
If Yes, for what periods (eg. July 1 to July 15 2004)?	
Lodging House Operator's Permit Expiry Date:	
Inspector's Comments:	
Date Report Made	Inspector's Name

