Anchorage Alaska Bed and Breakfast Association Evaluation

	Date Number o	of Roon	ns:		
B&B Name:		(Muni Permit)		(Muni Permit)	
	Owner				
Α	Address				
F	Phone # Fax #		_	E-mail	
ι	JRL				
Yes	/ No	Yes /	No	,	
	Exterior Maintenance and Safety	1		Professionalism	
0	O Guest parking will be available on the premises or	0	0	Owner / manager / host lives on the premise	s.
	nearby.	0	0	Voice mail will be used and checked.	
0	O Parking areas, walkways and entries are well lighted at	0	0	Resident pets are noted on website or discus	ssed if
0	all times. O Hand rails are provided for exterior stairways of			reservations is made over the phone.	
O	three steps or more.	0	0	House Rules' are posted or verbalized. (cir	cle one)
0	O If hot tub or spa is available to guests, it will be clean and in good repair.	0	0	Guests are informed as to how they can loca communicate with host/manager at night.	ate and
0	O If hot tub or spa is available to guests, there are appropriate warning signs.	0	0	in brochure or on website.	sented
0	O B&B sign or street numbers are clearly visible from the street.			Food provided, guest prepares Continental breakfast Full breakfast	
0	O Building is in good repair and pleasant in appearance.			ruii bieakiast	
0	O Outdoor furniture is clean and well-maintained.				
Ο	O Lawn and surrounding grounds well-groomed.			General Safety and Security	
0	O Parking areas, walkways, porches and guest	0	0	Emergency phone number as well as B&B n	ame,
	areas are kept free of ice, snow and debris. Ice melt, sand or another form of traction will be applied when needed.		_	address, and phone number is posted.	
		0	0	Functional smoke detectors are located in each bedroom and on each level of the house	se.
	Occupation Brown to the Control of t	0	0	Carbon monoxide detector is located near po	ossible
0	Operating Permits/License Posted O State Business License posted,			source of CO as well as on every sleeping le	vel.
_		0	0	Basic first aid kit easily accessible for guest	
O	O Municipal Permit posted			use. Emergency Exit Plan prominently poste	d.

O Bed Tax Collection Permit posted

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B&B_		Date		
Yes /	No			
	Interi	or Maintenance, Safety and Decor		
0		terior public rooms, hallways, and stairs are well tained, in good repair & free of debris.	00000	Room demonstrates a high level of cleanliness and maintenance of floors, fixtures, woodwork and furnishings.
0		rnishings, floor coverings & areas in the B&B c space are clean and in good repair.		Adequate heating and ventilation is provided.
0	O Publi	c rooms, stairs and halls are well lighted at	00000	Window coverings are in place for privacy and light control.
0	O Hand rails are provided for interior stairways of		00000	Area for hanging clothes is available.
O		steps or more and meet municipal code.	00000	Adequate number of quality hangers is provided.
0		indows are equipped with a locking device.	00000	•
О		Ion-public areas are noted by appropriate ignage.	00000	Lighting (minimum of 60 watts or equivalent) Twin beds require at least 1 light at bedside.
		Kitchen/Dining Area		Double beds or larger require a light on each side of the bed Desk area, if applicable.
0	O Garb	age kept in closed containers.	00000	Adequate flat surfaces for guest's personal
0	O Kitch	en and all appliances are visually clean		effects are provided.
		well maintained.	00000	Lined wastebaskets provided.
		ven/Stove Dishwasher licrowave Refrigerator		The bed mattress is in good condition.
0		gerator is kept at 40 degrees Fahrenheit	00000	The bed mattress is in good condition.
0	O Visibl	e, easily accessible fire extinguisher. **	Bed lin	ens (each bed) are clean and in good repair.
0			00000	
0		kfast which is included in the room rate by by ided on the premises to guests.	00000	Top and bottom sheet
0				One pillow per person
0		kfast is presented with place settings of quality dishes and utensils. (Set up a		Pillow protectors for all pillows
	•	e setting for your review)		Pillow cases for all pillows
NOTE:		e extinguisher is located in a cabinet then the		Adequate blankets, quilts, spreads, extra pillows provided
outsid	e of the o	cabinet must be clearly labeled. 10 lb. ABC	00000	Robe is in any room that shares, or has a designated private bath.
Guest Room Safety and Décor			00000	Comfortable seating, chair or bench is
000	000	Guest room is equipped with a smoke detector.		provided.
		Guest room has 2 exits, 1 door and 1 egress	00000	Luggage rack or area for suitcases, elevated from the floor, is provided.
		window. Window is equipped with a	00000	Room is equipped with individual keyed lock.
0.04	000	functioning locking device.		
		A visible and easily accessible fire extinguisher is located in or near guest room.	99999	Screens are provided for windows.
000	000	All host's personal belongings are removed from		Flashlight is available in room.
			$\alpha \alpha $	One dividing along you are at a provided

 $O\ O\ O\ O$ One drinking glass per guest is provided.

guest room.

Yes	/No		Yes/No			
0	0	All host's personal belongings and all previous used	Shared Baths Only			
0	0	Plumbing is well-maintained and in good repair: Faucets drip free	O O Bathroom door is equipped with inside door lock.			
		Free running drains Good water pressure	O O Extra linens are located in the bathroom.			
0	0	Liquid and/or wrapped soaps are provided. Fixtures, mirrors, walls & floors are clean and in good repair.	O O Bathroom cleaning supplies are available for the bathroom. Rooms:			
Ο	Ο	Bathtub tiles or surround is free of soap scum.				
0	Ο	Shower doors/curtains free of soap scum and mildew.	1			
0	Ο	Windows have blinds or curtains to provide privacy. Glass brick – not clear				
0	0	Clean glasses (one per person) or paper cups are provided.	2			
0	0	Clean linens available for each guest: 1 bath towel,	ופו			
		1 hand towel, 1 face cloth)	3			
0	0	Cloth bath mat provided. Lined wastebasket is provided and expected to be emptied daily.	4			
0	Ο	Extra roll of toilet paper is available.	5			
Insp	ecte	d by:	Date:			
Sigr	natur	e	B&B Host Signature			
Sig	natu	re	B&B Host Printed Name			
	P	Please note: All B&B Members are subject to a drop-in	n inspection Initialhorage A1_			
	P	ass Yes/No 30-day Extension	Yes/No/Not applicable Yes/No/Not applicable Reakfast Association			