



RAY International Electrical Equipments Maintenance LLC

RAY International Electrical Contracting LLC

RAY International Power LLC

### ACCOMMODATION INSPECTION CHECKLIST

Abu Dhabi/ Dubai

Date: 30-10-2024 Time: 12:51:00.0000000

Location: Knr

Client:

Project No: ABU DHABI-COM-RESOURCES

Project Name: ABU DHABI-COM-RESOURCES

| #                              | DESCRIPTION                                                                                          | COMPLIANCE |    |    | REMARKS |
|--------------------------------|------------------------------------------------------------------------------------------------------|------------|----|----|---------|
|                                |                                                                                                      | YES        | NO | NA |         |
| Sleeping Accommodation         |                                                                                                      |            |    |    |         |
| 1                              | Sufficient space availability and welfare facilities?                                                | ✓          |    |    |         |
| 2                              | Hanger or hooks for clothes? Proper ventilation?                                                     | ✓          |    |    |         |
| 3                              | Proper Lighting? Air conditioning? "No smoking" followed? Safe electrical plugs & adopters provided? | ✓          |    |    |         |
| 4                              | Comfortable beds? Regular linen washing? No evidence of Bed bugs?                                    | ✓          |    |    |         |
| 5                              | Housekeeping & general cleaning?                                                                     |            | ✓  |    |         |
| 6                              | Toilet ventilation, hand wash facility, cleaning log sheet and cleanliness                           |            | ✓  |    |         |
| Kitchen and Cooking Facilities |                                                                                                      |            |    |    |         |
| 1                              | Sufficient size, Durable, non-absorbent& non slip floor with no crevices?                            |            |    | ✓  |         |
| 2                              | Segregation of cooked & uncooked food Storage in covered containers?                                 |            |    | ✓  |         |

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|    |                                                                                                                  |  |  |   |  |
|----|------------------------------------------------------------------------------------------------------------------|--|--|---|--|
| 3  | Adequate & proper drainage Durable, impervious, light coloured?                                                  |  |  | ✓ |  |
| 4  | Fire resistant, covered at wall joints & easy to clean ceiling?                                                  |  |  | ✓ |  |
| 5  | Fly screens, Self-closing doors?                                                                                 |  |  | ✓ |  |
| 6  | Proper dish washing facilities, running hot & cold water? Detergents, Proper utensil drying?                     |  |  | ✓ |  |
| 7  | Separate hand washing sink? Liquid soap? Cleanliness?                                                            |  |  | ✓ |  |
| 8  | Drinking water facility and condition?                                                                           |  |  | ✓ |  |
| 9  | Colour coded cutting boards of non-absorbent material? Use of Separate boards for fish, meat, vegetables & dairy |  |  | ✓ |  |
| 10 | Proper storage of gas cylinders? No smoking sign? Proper ventilation? Securing? Distance from                    |  |  | ✓ |  |
| 11 | Cleanliness levels? Schedule available? Any Unauthorized entry?                                                  |  |  | ✓ |  |

**Dining Hall**

|   |                                                   |   |  |  |  |
|---|---------------------------------------------------|---|--|--|--|
| 1 | Insect-o-cutters, Self-closing doors fly screens? | ✓ |  |  |  |
|---|---------------------------------------------------|---|--|--|--|



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|   |                                    |   |  |  |  |
|---|------------------------------------|---|--|--|--|
| 2 | Clean drinking water?              | ✓ |  |  |  |
| 3 | Cleanliness levels? House Keeping? | ✓ |  |  |  |

**Food Store**

|   |                                                                                         |  |   |  |  |
|---|-----------------------------------------------------------------------------------------|--|---|--|--|
| 1 | Proper storage?                                                                         |  | ✓ |  |  |
| 2 | Storage of food on shelves or benches?<br>Cleanliness?                                  |  | ✓ |  |  |
| 3 | Tight lid metal or plastic containers for loose<br>grains, flour?                       |  | ✓ |  |  |
| 4 | No food storage beneath benches Non-absorbent,<br>easy to clean shelves, No cup boards? |  | ✓ |  |  |
| 5 | No storage of chemicals, detergents, mops,<br>cleaning items in food store?             |  | ✓ |  |  |
| 6 | Cleanliness, No spillages and No pests?                                                 |  | ✓ |  |  |
| 7 | Sufficient refrigerator, adequate size and clean?                                       |  | ✓ |  |  |

**Food Handlers & Personal Hygiene**

|   |                                                        |   |  |  |  |
|---|--------------------------------------------------------|---|--|--|--|
| 1 | Does people entering into the Kitchen are<br>hygienic? | ✓ |  |  |  |
|---|--------------------------------------------------------|---|--|--|--|



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|   |                                                                                                   |   |  |  |  |
|---|---------------------------------------------------------------------------------------------------|---|--|--|--|
| 2 | No smoking is followed strictly in food handling areas?                                           | ✓ |  |  |  |
| 3 | Does people in kitchen clean, neat & tidy condition? Short finger nails? Short hair? No jeweller? | ✓ |  |  |  |
| 4 | Do people engaged in cooking are aware about the personnel hygiene?                               | ✓ |  |  |  |

**Sanitary Facilities**

|   |                                                                          |  |  |   |  |
|---|--------------------------------------------------------------------------|--|--|---|--|
| 1 | Enough number of toilets?                                                |  |  | ✓ |  |
| 2 | Clean & nicely working WCs, showers & hand wash basins?                  |  |  | ✓ |  |
| 3 | Toilets with suitable & adequate ventilation?                            |  |  | ✓ |  |
| 4 | Adequate lighting? Supply of running cold & hot water?                   |  |  | ✓ |  |
| 5 | Clean, non-slippery floors of bathrooms? Doors or curtains are provided? |  |  | ✓ |  |
| 6 | Cleaning register maintained and followed?                               |  |  | ✓ |  |
| 7 | Is there any sign of leakage?                                            |  |  | ✓ |  |

**Waste Disposal**



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|   |                                                                                         |   |   |   |  |
|---|-----------------------------------------------------------------------------------------|---|---|---|--|
| 1 | Waste is disposed as per Waste Management Procedure?                                    | ✓ |   |   |  |
| 2 | Sufficient number of plastic waste bins lined with plastic bags?                        |   | ✓ |   |  |
| 3 | Daily collection of waste from food disposal areas?                                     |   |   | ✓ |  |
| 4 | Does the waste skip is collected before it is completely Full?                          |   | ✓ |   |  |
| 5 | Carrying of waste to waste skips is in tied up bags or in covered bins?                 | ✓ |   |   |  |
| 6 | Proper disposal of waste water? Sewage? Clinical waste followed and records maintained? |   | ✓ |   |  |

**Pest Control**

|   |                                                                                                                                       |   |   |   |  |
|---|---------------------------------------------------------------------------------------------------------------------------------------|---|---|---|--|
| 1 | Availability of proper equipment & pesticides? Proper storage of these? Availability of SHOC/MSDS cards?                              |   |   | ✓ |  |
| 2 | Trained personnel for application & handling of pesticides? Availability of PPEs for these?                                           |   | ✓ |   |  |
| 3 | General cleaning & housekeeping of the camp/accommodation & surrounding areas? No litter or tripping hazards scattered in open areas? |   | ✓ |   |  |
| 4 | Does pest control schedule followed?                                                                                                  | ✓ |   |   |  |

**Water**



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|   |                                                                                                           |   |   |   |  |
|---|-----------------------------------------------------------------------------------------------------------|---|---|---|--|
| 1 | Above ground storage? Regular cleaning of tanks?                                                          | ✓ |   |   |  |
| 2 | Testing of water?                                                                                         |   | ✓ |   |  |
| 3 | Proper transport of water in a suitable, clean & well maintained potable water tanker?                    |   |   | ✓ |  |
| 4 | Regular cleaning of water coolers tanks? Regular replacement of water filters and maintaining of cleaning |   | ✓ |   |  |
| 5 | Do you monitor regularly check for water leakages?                                                        | ✓ |   |   |  |

**General**

|   |                                                                                                       |   |   |   |  |
|---|-------------------------------------------------------------------------------------------------------|---|---|---|--|
| 1 | Is there a sufficient number of washing machine available?                                            | ✓ |   |   |  |
| 2 | Ventilated storage for detergents & chemicals? Laundry man trained in SAFE use of these?              |   | ✓ |   |  |
| 3 | Appropriate recreational facilities for all level of employees?                                       |   |   | ✓ |  |
| 4 | Sufficient number of Fire extinguishers in the camp? Designated FIRE WARDEN? Audible fire alarm? Fire |   | ✓ |   |  |
| 5 | Smoke detectors are available at all rooms and kitchen?                                               | ✓ |   |   |  |



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|    |                                                                                              |   |   |   |  |
|----|----------------------------------------------------------------------------------------------|---|---|---|--|
| 6  | Employees aware of Fire/ Emergency procedures?                                               |   | ✓ |   |  |
| 7  | Suitable Clinical facilities available?                                                      |   |   | ✓ |  |
| 8  | Suitable & good working condition ambulance/ stand by vehicle available?                     |   | ✓ |   |  |
| 9  | First Aid Boxes are available as per manpower sufficient?                                    | ✓ |   |   |  |
| 10 | Fire / Emergency Exit signs and Assembly point are marked & clearly visible to all?          |   | ✓ |   |  |
| 11 | General security provisions of camp gate and security guard?                                 |   |   | ✓ |  |
| 12 | Electrical arrangements to all rooms and panel boards are free from obstructions and safety? |   | ✓ |   |  |
| 13 | "No Smoking" Posters available at all living and recreational areas?                         | ✓ |   |   |  |
| 14 | Notice Boards are available for display the policy and circulars?                            |   | ✓ |   |  |

General comments if any: test



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**INSPECTED BY:** abc

**SITE INCHARGE:** Praveenkumar Kumara Samy

**SIGN/DATE:**

**SIGN/DATE:**

**RAY ID:** RU/022

**RAY ID:** RU/011