



REPUBLIC OF THE PHILIPPINES
CITY GOVERNMENT OF PARAÑAQUE
Cultural, Historical and Tourism Promotions Division
(CHTPD)
CHECKLIST FOR PENSION HOUSE INSPECTION

Mission Order No. _____
Series of 200_____, Date: _____

PH NO.: _____

NAME OF PENSION HOUSE: _____ OWNER/MANAGER _____

BUSINESS ADDRESS: _____ DATE OF INSPECTION _____

TEL./FAX NOS. _____ E-MAIL ADD. _____ PERSON PRESENT _____

YES NO

YES NO

I. SIZE

A. Are there at least 5 lettable rooms available? () ()

II. BEDROOM

- Clean? () ()
- Presentable? () ()
- Furnished? () ()
- 24-hour service of running water? () ()

III. ROOM FURNISHINGS

- Comfortable bed (s)? () ()
- Clean linen? () ()
- Water jug? () ()
- Glasses? () ()
- Writing table? () ()
- Closet? () ()
- Towels? () ()
- Others (pls. specify) () ()

IV. LIGHTING

- Adequate natural & artificial? () ()

V. VENTILATION

- Adequate natural & artificial? () ()
- Electric fan (at least)? () ()

VI. LIVING ROOM

- Furnished lounge or living room area? () ()
- TV set available? () ()
- Reading material? () ()

VII. DINING ROOM

- Is common dining room available? () ()
- Electric fan (at least)? () ()

VIII. OTHERS

- Indicate the total number of toilet and bathroom (at least 1 toilet and bathroom/shower for every five (5) occupants.?) () ()
- Soap? () ()
- Tissue paper? () ()

REMARKS:

RECOMMENDATION:

_____ Favorable
_____ Unfavorable
_____ Hold in Abeyance

_____ Closure
_____ Others _____

INSPECTOR

Applicant/Representative

INSPECTOR

RECOMMENDING APPROVAL:

APPROVED BY:

JOSEPHINE S. OROZCA
Office-In-Charge
Cultural and Tourism Affairs

DEAN G. CALLEJA
Department Head
Special Services Office