

Department of Tourism
Office of Tourism Standards and Regulation



SELF-ASSESSMENT CHECKLIST

Rest Area

NAME OF REST AREA: _____

BUSINESS ADDRESS: _____

TELEPHONE NO. : _____ FAX NO.: _____

GENERAL MANAGER/OWNER : _____

Please check on the appropriate box. Do not leave blank boxes.

A. LOCATION	YES	NO	REMARK/S
1. Principal Highway			
2. Diversion Road			
B. REQUIREMENTS	YES	NO	REMARK/S
B.1 RESTROOMS			
1. Presence of restrooms signage			
2. Clean			
3. Sufficiently lighted			
4. Odor-free			
5. Ventilated			
6. Dry toilet flooring			
7. Door Lock functioning			
8. Flush system			
9. Toilet seat with cover			
10. Clean running water			
11. Lavatory			
12. Waste Bin			
13. Toilet Paper			

