

**Department of Tourism
Office of Tourism Standards and Regulation**



SELF- ASSESSMENT CHECKLISTS

Restaurant

NAME OF RESTAURANT: _____

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. Is the restaurant accessible to any of the following: Shopping center or commercial center (characterized by commercial center facilities such as: taxi stand, bus stop, parking area, shop mart, movie house, eateries, etc.) Heavily traversed thoroughfare Pleasant environment			
2. Is the restaurant with adequate ingress and egress?			
3. Entrance to the restaurant Clean Tidy Free of obstruction Adequately illuminated at night			
4. Does the facade/ building exterior No cracks No paint peel Uncluttered design			

5. Is the facade/building exterior appropriately designed			
B. PARKING SPACE	YES	NO	REMARK/S
1. Adequate parking space			
2. Presence of a security guard			
3. Presence of parking attendant			
C. RECEPTION	YES	NO	REMARK/S
1. Is there waiting lounge?			
2. Adequate seating facilities provided?			
3. Is there a telephone for public use?			
4. Is there a receptionist to usher in guests?			
5. Is the manager/receptionist Personable Courteous Well-trained			
D. DINING ROOM	YES	NO	REMARK/S
1. Furnishing Attractive Clean Well-maintained Appropriate flooring material			
2. Is the atmosphere pleasant?			
3. Food (Cuisine) Attractively presented Properly cooked Appetizing in appearance			
4. Is the menu card Clean Presentable Easy to read Descriptive of restaurant theme			

5. Is a prices list available Are there no erasures or cancellations on prices of items? Are prices printed?			
6. Are checks itemized and legible? With restaurant logo/letterhead?			
7. Service station Clean Strategically located Adequate (One for every 20 seats)			
8. Does the table setting appear correct and complete?			
8-a. Table linen and (cloth) napkins are they Clean Properly folded Color coordinated Not frayed If not table linens and cloth napkins, table provisions are there			
8-b. Cutlery Polished In good condition Of good quality			
8-c. Glassware Clean Unshipped			
8-d. Chinaware Clean Unchipped Not Cracked Appropriate to the class motif of the restaurant			
E. SERVICE STAFF	YES	NO	REMARK/S
1. Restaurant staff and employees Good grooming Courteous Well-trained			
2. On uniforms Properly fitted Not torn Clean			

3. On Shoes Well polished In good condition Appropriate to work area			
F. BAR/COCKTAIL LOUNGE	YES	NO	REMARK/S
1. Is a bar available? Well-ventilated Well-maintained Well-stocked			
2. Bar Glassware Unshipped Clean			
3. Does the bartender use a measure to pour drinks?			
G. COMFORT ROOMS	YES	NO	REMARK/S
1. Do you find the comfort room Clean and well-maintained Provided with hot/cold running water Walls and floors of impervious material Free of offensive odour Properly ventilated With fittings of good quality			
2. Is there a mirror? Is the mirror clean and in good condition?			
3. Does the toilet flush properly?			
4. Are there separate comfort rooms for male and female			
5. Supplies Soap Toilet paper Paper towel/hand dryer available Is there a trash can?			
H. KITCHEN	YES	NO	REMARK/S
a. Size Is the area adequate?			
b. Sanitation c. Floors and walls No cracks and holes Cleaned and disinfected No stagnant water on the floors			

<p>d. Work area</p> <p>No damp areas</p> <p>Wood surfaces carefully scraped after use</p> <p>Kitchen doors and windows properly screened cleaned</p> <p>Outside doors self-closing</p> <p>Exhaust hood, fans and ducts clean</p> <p>Sink for hand washing equipped with (paper)</p> <p>No overhead pipes that might leak into food and equipment</p> <p>e. Equipment and Kitchenware</p> <p>Chillers and refrigerators clean</p> <p>In good condition</p> <p>Separate refrigeration/freezer for sea food and meat products</p> <p>Stainless steel table top and shelves clean and good condition</p> <p>Storages of utensils kitchenware and equipment in clean dry place at Sufficient height (at least 1 ft.) from the floor, protected from the flies</p> <p>Dust and other contamination</p> <p>Dishwashing area with hot/cold running water</p> <p>Wiping cloth is good condition</p> <p>Sinks clean and unclogged</p>			
<p>3. Water and Ice Supply</p> <p>Water accessible to all areas in which food is prepared of utensils washed</p>			
<p>4. Storerooms</p> <p>Clean</p> <p>Free from mustiness and odor</p>			

<p>5. Staffs Hygiene</p> <p>a. Health Certificate for kitchen staff</p> <p>Are the following included in the house rules for staff hygiene?</p> <p>Fingernails well trimmed</p> <p>Shoes, socks and hats worn at all times</p> <p>Towels and aprons clean</p> <p>Locker rooms clean and proper</p>			
I. LIGHTING ARRANGEMENTS AND FIXTURES	YES	NO	REMARK/S
Adequate at all times			
Well maintained			
Attractive			
Appropriate			
J. AIR-CONDITIONING/VENTILATION	YES	NO	REMARK/S
Are the kitchen and work areas adequately and Functionally ventilated?			
Is dining room adequately and functionally ventilated?			
Are the public rooms adequately and functionally ventilated?			
K. SECURITY	YES	NO	REMARK/S
Are security guards available?			
L. FIRE FIGHTING FACILITIES	YES	NO	REMARK/S
1. Are fire extinguishers available?			
2. Are they properly located?			
3. Are they well maintained?			
4. Fire exits free from obstruction?			

5. Are they properly marked?			
M. CARPETING/ APPROPRIATE FLOORING MATERIAL	YES	NO	REMARK/S
Well-kept			
Clean			
Color coordinated			
Of good quality			
<p>This is to signify my intent to apply for DOT Accreditation.</p> <p>I understand that my Self-Assessment Rating is not yet final and an Audit Team from the DOT shall conduct an actual assessment of my property to validate my rating.</p> <p>_____ DATE</p> <p>_____ SIGNATURE OVER PRINTED NAME OWNER/ GENERAL MANAGER</p>			