

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



**SELF- ASSESSMENT CHECKLISTS
Sports and Recreational Center**

NAME OF SPORTS & RECREATIONAL CENTER: _____
 BUSINESS ADDRESS: _____
 TELEPHONE NO. : _____ FAX NO.: _____
 GENERAL MANAGER : _____

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

A. LOCATION				
Where is the Center located?		REMARK/S		
<input type="checkbox"/>	Diversion Road			
<input type="checkbox"/>	Principal highway			
B. ENTRANCE/FACADE OF THE BUILDING		YES	NO	REMARK/S
a. Is the entrance to the club clean?				
b. Is the entrance to the club tidy?				
c. Is the entrance to the club free from obstruction?				
d. Is the entrance to the club adequately illuminated?				
C. LOUNGE		YES	NO	REMARK/S
1. Is the lounge reasonably furnished and commensurate to the size of the club?				
2. Is the lounge clean?				
3. Is it lounge well lit?				
D. RECEPTION/INFORMATION COUNTER		YES	NO	REMARK/S
1. Is there a receptionist available to usher the guests?				
2. Is the reception /information counter provided with a telephone?				
E. DINING AREA		YES	NO	REMARK/S
1. Is the dining outside adequate in size?				
2. Is the dining area/outlet has pleasant atmosphere?				

3. Is the dining area/outlet air-conditioned?			
4. Is the dining area/outlet Comfortable and well-maintained furnishing			
F. SPORTS AND RECREATION EQUIPMENT	YES	NO	REMARK/S
1. Is there an adequate sports and recreational equipment available for use/rent?			
G. PARKING & SECURITY	YES	NO	REMARK/S
1. Is it provided with adequate and secured parking space?			
2. Is there security on a 24-hour basis?			
H. PUBLIC WASHROOMS	YES	NO	REMARK/S
1. Is there a separate male and female comfort room?			
2. Is it provided with toiletries?			
I. LOCKER AREA AND FACILITIES	YES	NO	REMARK/S
1. Is there adequate number of lockers?			
J. FIRE-FIGHTING FACILITIES	YES	NO	REMARK/S
1. Are there fire extinguishers?			
2. Are fire extinguishers checked regularly?			
K. MEDICAL/FIRST-AID	YES	NO	REMARK/S
1. Is it provided with medical clinic?			
2. Are first-aid medicines available?			
L. EMERGENCY GENERATOR	YES	NO	REMARK/S
1. Is it provided with a stand-by generator in case of power failure?			

This is to signify my intent to apply for DOT Accreditation.

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.

SIGNATURE OVER PRINTED NAME
OWNER/ GENERAL MANAGER

DATE