

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.*

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

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?			
<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> <div><div>SIGNATURE OVER PRINTED NAME OWNER/ GENERAL MANAGER</div><div>DATE</div></div>			