



**The Republic of Namibia**  
**MINISTRY OF HEALTH AND SOCIAL SERVICES**

**CHECKLIST FOR ASSESSMENT OF ACCOMMODATION ESTABLISHMENT UNDER THE TOURISM RIVIVAL INITIATIVE**

Name and contact details of the Assessor	
In which region is this Accommodation facility located?	
Name and contact details of the accommodation facility	
Name and contact details of Owner of the accommodation facility	
Location and physical address of the facility (GPS location if available)	
Type of facility (Corrugated iron house Brick house, Thatched house, Mud house, other)	
Name	
Region/District/Town/Village	
Date of inspection	

	Observations	Yes	No	Comments
1	General observation			
*	General cleanliness			
*	Area overcrowded			
*	Access to running water			
	Access to safe waste disposal facility			
2	Physical appearance of the building/ structure			
2.1	Walls, Windows and Doors			
	Any damage			
	Clean and in good condition			
	Any corrosion (rust)			
	Secured/strong			
*	Lockable door/s			
2.2	Floors			
	Any damage			
	Clean and in good condition			
3	Ventilation			
*	Adequate natural ventilation			
*	Adequate artificial ventilation			
	Fans & extractors working			
	Free from excessive mist, dust, fumes and smoke			
4	Lightning			
*	Adequate natural lightning			
	Adequate artificial lightning			
	All lights are working			
5	Health and hygiene			
*	Separate bedroom available for each person			
*	Self-contained/separate toilet available for the each individual			
*	Running tap water/or safe drinking water available			
	Cold/warm water available for the individuals			
	Hand washing soap available for each person			
	Disposable (Kleenex) towels available			
*	Closed disposable waste bin available			
6	Kitchen and utensils			
	Clean			
	Adequate utensils			
*	Cleaning material			
	Disposable eating utensils/plates			
	Family able to provide meals without challenge			

7	Accessibility to essential services			
	Shops			
	Health facility within a radius of 10km			
	Community Health workers/Outreach points			
	Transport			
*	Communication devices (cellphones, landline etc.)			
8	Others			

	Care giver/ family member available			
	Family member >60 years staying in the same house/facility			
	Pregnant woman staying in the same house/facility			
	Children under five years staying in the house/facility			
	Any family member with a chronic disease staying in the same house/ facility (kidney failure, heart disease, diabetes etc.)			
	Number of people staying in the house/facility, is the house/facility overcrowded?			

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

APPROVED/ NOT APPROVED \_\_\_\_\_

\*if any of these items are missing the facility will not be recommended for the tourism revival initiative.

Signature of Assessor: \_\_\_\_\_

Regional Director: \_\_\_\_\_ (name)

\_\_\_\_\_ (signature and stamp)