**CHECK LIST FOR SNOOKER**

1. Name of applicant: ……………………………………………………………………..
2. Name of the proposed establishment: ………………………………………………….
3. Specific Location: ……………………………………………………………………...

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl** | **Checklist** | **Yes** | **No** | **Remarks** |
| 1 | Adequate air ventilation and good light system |  |  |  |
| 2 | Presence of one (1) serviceable fire extinguishers of 5 litres capacity. |  |  |  |
| 3 | Adequate sitting facilities such as chairs and sofa for players as well as audience |  |  |  |
| 4 | The ceiling and internal walls if not panelled, titled or imperviously surfaced is painted. |  |  |  |
| 5 | Adequate toilets with proper amenities |  |  |  |
| 6. | Separate smoking room |  |  |  |

Date of verification or re-verification: …………………………..

Inspected carried out by:

1. Name…………...……………………….Organization……………… Signature……...
2. Name…………...……………………….Organization……………… Signature……...
3. Name…………...……………………….Organization……………… Signature……...
4. Name…………...……………………….Organization……………… Signature……...
5. Name…………...……………………….Organization……………… Signature……...

**Decision of the Inspection Team**

Recommend Not recommend