



WASHINGTON BED AND BREAKFAST GUILD MEMBERSHIP CRITERIA

Bed & Breakfast: _____

Owners or Innkeeper: _____

The purpose of this membership criteria form is twofold:

1. Quality Advisor will use this criteria list during the inspection for membership.
2. Self Assessment by applicant. Although this form is not required for membership, this faxed form will help Quality Advisor prior to inspection. If there are any questions, please e-mail our Quality Advisor (ga@wbbg.com).

Starred () items are required. Non-starred items are recommendations*

EXTERIOR

The exterior of each Bed & Breakfast property is well maintained, free of obvious neglect, and well illuminated to promote safety. Entrances, house numbers, and signs are clearly visible.

- | | | | |
|-----------------------------|--|------------------------------|--|
| * Well Maintained Exterior: | Yes <input type="checkbox"/> No <input type="checkbox"/> | * Clear Address/Signs: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| * Adequate Guest Parking: | On-Site <input type="checkbox"/> Street <input type="checkbox"/> | * Exterior Door Locking: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Well illuminated | Yes <input type="checkbox"/> No <input type="checkbox"/> | Visible sign & house numbers | Yes <input type="checkbox"/> No <input type="checkbox"/> |

- Outside areas and building exteriors are maintained free of gross neglect and other signs of disrepair.
- Gardens and lawn areas are maintained so as to be inviting and comfortable for the guests.

NOTES: _____

INTERIOR

- | | | | |
|---------------------------------|--|----------------------------------|--|
| * Well Maintained Interior: | Yes <input type="checkbox"/> No <input type="checkbox"/> | * Adequate Lighting for Reading: | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| * Adequate Comfortable Seating: | Yes <input type="checkbox"/> No <input type="checkbox"/> | * Adequate Cleanliness: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

NOTES: _____

Amenities Available to Guests (check all that apply)

- Guest Computer Fax Smoking in some area Pets Wi-Fi Parking on site
- Guest Refrigerator Children (____ age & up) Wedding facilities Air Conditioning Robes
- CD Players DVD Players Coffee/Tea facilities Iron Hairdryer Microwave TV
- Telephone Turndown service Movies Spa/Massage Restaurant on site

GENERAL

- 1. * Owns/Operates B&B Yes No
- 2. * B&B is located in state of Washington Yes No
- 3. * Complimentary breakfast served-must be included in the room rate Yes No
 Type: Full or Continental
 Location: Dining Room En Suite
- 4. Other meals offered: (must be authorized in the Inn's permit) Yes No
- 5. Common Areas are well-maintained with adequate, comfortable seating for guest use Yes No
 Reading materials available for guests Yes No
 Local information: Attractions, restaurants & Travel Yes No
- 6. High Standards – Personalized Service, Housekeeping, Food Prep & Maintenance
- 7. Innkeeper Resides On Site or in Close Proximity On-Site Close Proximity Off Site
 The innkeeper / representative reside on site or in close proximity to provide for guest needs and emergency situations.
 If off site, how do they provide for guest needs and emergency situations? _____
- 8. Courteous, good appearance and hospitable Yes No
- 9. Policies Yes No
 The Inn provides adequate and accurate written and/or verbal notification, of all policies, operation specifics, and general knowledge of the Inn to guests in advance of their stay and also upon arrival. Such information includes written reservation confirmation and cancellation and refund policies as well as restrictive policies such as those regarding pets, smoking, and children. Promotional material, including the inn's website, accurately reflects the Inn.
 * Reservation Confirmation Mailed or E-mailed: Yes No
 * Cancellation/Refund Policy Clearly Stated in Writing: Yes No

GENERAL (continued)

- Smoking, Pet & Children Policies explained Yes No
- 10. * Website accurately describes site & facilities Yes No

NOTES: _____

KITCHEN AND MEALS

- 1. * Breakfast – included in room rate Yes No
 A full or continental breakfast is offered as part of the room rate for each guest's stay. They type of breakfast served is established when the reservation is made. Food quality and presentation are of a consistently high standard.
- 2. Breakfast type Continental Full Breakfast
- 3. Clean work surfaces comply with all local and state health requirements Yes No
- 4. * Appliances in good working order Yes No
- 5. * Health Dept approved dish washing procedures Yes No
- 6. * Covered garbage cans Yes No
- 7. * Refrigerator temperature max 45° F Temp _____ Yes No
- 8. * Freezer temperature max 0°F Temp _____ Yes No
- 9. * Thermometers in refrigerator & freezer Yes No

NOTES: _____

HEALTH & SAFETY

- 1. * Emergency phone numbers & procedures posted Yes No
- 2. Is there an "after hours" guest access policy and procedure Yes No
- 3. * Emergency exit plan posted: Yes No
 Plan must have all fire extinguisher locations, nearest intersection and directions to Inn
- 4. * Night lighting in hallways & stairs: Yes No
- 5. * Working smoke detectors (in bedrooms & common areas): Yes No

Hard-Wired Battery Both

6. **Fireplace/Chimney/Woodstove Maintenance** Yes No
7. **Carbon Monoxide Detectors/Alarms** Yes No N/A
8. *** Certified Fire Extinguishers** *on each floor of B&B:*
 Date Last Inspected _____ (1st) Type _____ Rating _____
 Date Last Inspected _____ (2nd) Type _____ Rating _____
 Date Last Inspected _____ (Add) Type _____ Rating _____
9. **First Aid & CPR:** innkeepers be knowledgeable about First Aid and CPR procedures Yes No
10. **Hepatitis A & B Immunization-with booster** Yes No
 It is recommended that innkeepers have Hepatitis A & B Immunization with booster as.

NOTES: _____

GUESTROOMS

1. *** Number of guest rooms:** _____ Private Baths _____ Shared Baths _____
2. *** Exclusively for guest use:** Yes No
 Innkeeper's personal items should not be stored in guest bedrooms.
3. **Adequate sized rooms:** Yes No
4. **Adequate ventilation and heating** Yes No
5. **Good overhead lighting** Yes No
6. *** Adequate bedside lighting for reading:** Yes No
7. **Daily housekeeping** Yes No
8. **If room does not have a private bath**
 A mirror in room Yes No
 A waste basket in room Yes No
 Tissues in room Yes No
 Drinking glasses in room Yes No
9. **Chairs** Yes No
10. *** Clothes hanging space & minimum of 6 hangers:** Yes No
11. **Luggage rack/surface:** Yes No
12. *** Privacy shades/curtains** Yes No
13. *** Secure lock on guest door:** Yes No
14. **Firm comfortable beds** Yes No
15. **Bedding items in good conditions**
A mattress pad Yes No
Two sheets (flat & fitted) Yes No
Pillows with covers and cases Yes No
Adequate blankets and bed cover Yes No
Extra blankets and pillows available Yes No
16. *** Fresh linens every third day & between guests:** Yes No
 Per Washington State law, linens are changed after each guest and at least after every third night for continuing guests

NOTES: _____

BATHROOMS

1. *** Number of bathrooms:** _____ Private _____ Shared _____ Public _____
2. *** Maximum of three bedrooms per bath:** Yes No
3. **At time of reservations, guest are told of share bath arrangement** Yes No
4. *** Separate innkeeper bathroom:** Yes No
 Innkeeper's personal items should not be stored in guest bathrooms.
5. **Adequate Hot Water Temperature** _____ (100-120° F) Yes No
6. *** Each bathroom is equipped with:**
Toilet, sink and tub or shower. Yes No

- | | | | |
|-----|---|------------------------------|-----------------------------|
| | Adequate shelf space for guest toiletries | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Well illuminated mirror | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | GFI protected electrical outlet | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Fixtures for hanging towels and clothing | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | An exhaust fan or opening window | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | Non-skid bath mats or non-skid surface | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | Cleanliness of the bathroom is of high standard | | |
| | Lined wastebaskets or disinfected each day | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Cleanable walls and floors | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Fixtures and Countertops | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Jetted tubs cleaned properly | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | Shared baths receive daily cleaning | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | Supplies | | |
| | * Fresh set of towels (washcloth, hand & bath) per guest: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Shared bathroom guests have way to identify their towel set | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | * Liquid or individual soaps: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | <u>BATHROOMS (continued)</u> | | |
| | * Drinking glasses (or paper Cups): | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | A bath mat | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | A wastebasket | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Toilet tissue | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | Shared bathroom door locks privacy latch or lock | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

NOTES: _____

LAUNDRY FACILITY

- | | | | |
|----|--|------------------------------|-----------------------------|
| 1. | The Laundry area is clean. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Metal trash receptacle with lid. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | The Inn laundry must be washed separate from personal laundry. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Clean laundry must be kept separate from the soiled laundry. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Washing and sanitizing. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
- Is done in accordance with manufactures recommendations and detergent and sanitizers instructions.

NOTES: _____

COMMENTS & RECOMMENDATIONS

Recommendations: Meets or exceeds required standards Needs improvement

NOTES: _____

Fax completed application along with this filled out criteria to (866) 241-0247 and arrange payment of \$125 application fee to treasurer@wbbg.com:

For any questions, please contact any of the following:

WBBG Quality Advisor - QA@wbbg.com
WBBG VP Membership – vpmembership@wbbg.com

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