

**TOURISM REGULATORY AUTHORITY**



**INSPECTION AND INVENTORY FORM FOR REGULATED TOURISM ENTERPRISES  
(RESTAURANTS)**

**A: GENERAL INFORMATION**

Name of establishment.....

Type of establishment..... Building.....

Street..... Town..... County.....

Postal address..... Phone.....

Email..... Website.....

Main source of clients.....

Nature of security in place.....

**B: OWNERSHIP**

Nature of ownership (sole proprietorship/limited company/partnership/other).....

Directors and their nationalities.....

**C: MANAGEMENT & THEIR QUALIFICATIONS**

Restaurant Manager qualifications .....

Selected departmental staff qualifications.....

**D: STAFFING**

Total staff employed.....No. of males.....No. of females.....  
No. of permanent staff.....No. of contract staff.....No. of casual staff.....  
No. of Kenyan staff.....No/percentage trained.....  
Name(s) and nationalities of expatriate staff.....  
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**E: SAFETY AND SECURITY**

Fire safety/security.....  
Water safety/security.....  
Perimeter security (personnel /vehicular screening/CCTV).....  
Gas & chemical safety.....  
Pest control.....  
Staff medical checkup.....  
Sewerage system/garbage disposal.....  
Parking area and capacity.....

**F: BARS AND RESTAURANTS**

No. of bars/restaurants.....Total sitting capacity.....  
Cleanliness.....  
Floors.....Walls.....  
Lighting.....Spaciousness.....  
Chairs (material).....Tables (material).....  
Menu selection.....  
Selection of drinks.....  
Restroom proximity to restaurant.....Restroom cleanliness.....  
Selection of drinks.....

**G: KITCHEN**

No. of kitchens.....Flow of food.....

Worktop material.....  
Compartmentalization of preparation areas.....  
Floor material & cleanliness.....  
Walls.....  
Waste bins.....  
Provision of uniform.....  
Chopping boards.....  
Fume extractor.....  
Food storage/refrigeration.....  
Worktop material.....

**H: LICENCE STATUS**

Year of first operation.....Annual licence fees paid.....Licence No.....  
Expiry date.....File No.....Annual gross sales.....

**G: ADDITIONAL INFORMATION/RECOMMENDATIONS**

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Inspected on  
(i).....Sign.....Date.....  
(ii).....Sign.....

**TO BE FILLED BY THE ESTABLISHMENT**

*I confirm that the inspection was made in my presence:*

Name.....Position.....Sign.....

Company official stamp