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TOURISM INDUSTRY ACT AND REGULATIONS
Tourism Standards Report

Lic #: 2201679
 Tourism P.E.I.
 P.O. Box 2000
 Charlottetown, PEI C1A 7N8

ESTABLISHMENT: *Trailside P.E.I. Bed & Breakfast*
 Owner's Name: *Guy & Cindy Cousineau*
 Mailing Address: *345 Malpeque Rd. Winsloe*
 (Year round) *PO Box 154 Winsloe*
 Postal Code: *C1E 1Z2*
 Contact Person: *Cindy*
 Location/Civic: *345 Malpeque Rd. Winsloe*
 (directions)
 Phone (winter): *367-7851*
 Phone (summer):
 E-mail: *ccousineau@eastlink.ca*

CATEGORY OF ACCOMMODATION:		# of Units	# of Baths
<input checked="" type="checkbox"/> Hotel/Motel	<input checked="" type="checkbox"/> Bed & Breakfast	4	2 1/2
<input type="checkbox"/> Inn	<input type="checkbox"/> Cottage	# O/N 4	# B&S 1
<input type="checkbox"/> Resort	<input type="checkbox"/> F/H Lodge	# Hsk	# S
Meals Prepared:	Units Inspected: 3	# Eff	# B or 1/2 B
PRODUCTION OF RECORDS:		Dates of Operation:	
<input checked="" type="checkbox"/> Registration of persons accommodated	<input checked="" type="checkbox"/> Civic Number Posted	<input checked="" type="checkbox"/> Water Report Available (Municipal)	Rpt#: 250761 Rpt Date: March 9/10
<input checked="" type="checkbox"/> Water Supply (# of wells) # of Samples	<input checked="" type="checkbox"/> Occupancy Report Submitted	<input checked="" type="checkbox"/> Management on site or posted	Star Rating: 2.5 + BB
<input checked="" type="checkbox"/> Sewage System: (Private City)	<input checked="" type="checkbox"/> Listed		
<input checked="" type="checkbox"/> License Displayed			
<input checked="" type="checkbox"/> Waste Watch			
<input checked="" type="checkbox"/> Listing Verification pg. 172			

A	EXTERIOR	C	F	R	RECOMMENDATIONS / REMARKS
<input checked="" type="checkbox"/>	Buildings				<i>Very neat & tidy Bed & Breakfast!</i>
<input checked="" type="checkbox"/>	Disposal Area				
<input checked="" type="checkbox"/>	Fences				
<input checked="" type="checkbox"/>	Landscaping				
<input checked="" type="checkbox"/>	Parking/Lot				
<input checked="" type="checkbox"/>	Roads/Driveways/Walkways				
<input checked="" type="checkbox"/>	Signs				
A	PUBLIC AREAS				
<i>N/A</i>	Elevators				
<input checked="" type="checkbox"/>	Exits				
<input checked="" type="checkbox"/>	Floors/Coverings				
<input checked="" type="checkbox"/>	Furnishings				
<input checked="" type="checkbox"/>	Hallways				
<i>N/A</i>	Ice Machine(s) - dispenser or controlled				
<input checked="" type="checkbox"/>	Lighting				
<i>N/A</i>	Pool/Hot Tub Area(s)				
<input checked="" type="checkbox"/>	Public Telephones				
<input checked="" type="checkbox"/>	Public Washrooms				
<input checked="" type="checkbox"/>	Stairways				
<input checked="" type="checkbox"/>	Walls/Ceiling Area				
<input checked="" type="checkbox"/>	Windows/Coverage				

A=ACCEPTABLE C=CLEANING REQUIRED F=FIX/REPAIR R=REPLACE

Tourism Standards Report

Tourism Industry Act and Regulations

ESTABLISHMENT NAME: <u>Trailside pei Bed & Breakfast</u>												
Unit #												
A	BEDROOM/UNIT	C	F	R	C	F	R	A		C	F	R
<input checked="" type="checkbox"/>	Armchair/Chair(s)							<input checked="" type="checkbox"/>	Mattress(es)/Pad(s)			
<input checked="" type="checkbox"/>	Ashtray(s), if smoking unit							<input checked="" type="checkbox"/>	Min-Bar/Fridge			
<input checked="" type="checkbox"/>	Bedside Table(s)							<input checked="" type="checkbox"/>	Mirror(s)			
<input checked="" type="checkbox"/>	Bedspring(s)							<input checked="" type="checkbox"/>	Pillow(s)/Protector(s)			
<input checked="" type="checkbox"/>	Boxspring(s)							<input checked="" type="checkbox"/>	Room Accessories			
<input checked="" type="checkbox"/>	Carpet/Floor(s)/Bedside Mat(s)							<input checked="" type="checkbox"/>	Screen(s)			
<input checked="" type="checkbox"/>	Closet/Hangers							<input checked="" type="checkbox"/>	Security			
<input checked="" type="checkbox"/>	Couch/Sofabed							<input checked="" type="checkbox"/>	Smoke Detector(s)			
<input checked="" type="checkbox"/>	Dresser/Clothes Storage							<input checked="" type="checkbox"/>	Telephone/Notice			
<input checked="" type="checkbox"/>	Emergency Lighting							<input checked="" type="checkbox"/>	TV/Radio			
<input checked="" type="checkbox"/>	Heating							<input checked="" type="checkbox"/>	Utensils			
<input checked="" type="checkbox"/>	Lighting							<input checked="" type="checkbox"/>	Walls/Ceiling Area			
<input checked="" type="checkbox"/>	Linen							<input checked="" type="checkbox"/>	Wastebasket(s)			
<input checked="" type="checkbox"/>	Luggage Rack							<input checked="" type="checkbox"/>	Window Coverage			
								<input checked="" type="checkbox"/>	Window(s)			
A	BATHROOMS	C	F	R	C	F	R	A		C	F	R
<input checked="" type="checkbox"/>	Air Circulation/Ventilation							<input checked="" type="checkbox"/>	Shower Curtain/Door			
<input checked="" type="checkbox"/>	Bathroom/Shower							<input checked="" type="checkbox"/>	Sink/Basin			
<input checked="" type="checkbox"/>	Bathmat							<input checked="" type="checkbox"/>	Soap			
<input checked="" type="checkbox"/>	Door(s)							<input checked="" type="checkbox"/>	Tile/Grouting/Surround			
<input checked="" type="checkbox"/>	Door Lock							<input checked="" type="checkbox"/>	Toilet			
<input checked="" type="checkbox"/>	Floor							<input checked="" type="checkbox"/>	Toilet Tissue			
<input checked="" type="checkbox"/>	Glasses							<input checked="" type="checkbox"/>	Towels			
<input checked="" type="checkbox"/>	Hooks							<input checked="" type="checkbox"/>	Wastebasket (lined)			
<input checked="" type="checkbox"/>	Hot and Cold Water							<input checked="" type="checkbox"/>	Walls/Ceiling Area			
<input checked="" type="checkbox"/>	Lighting							<input checked="" type="checkbox"/>	Window(s)			
<input checked="" type="checkbox"/>	Mirror							<input checked="" type="checkbox"/>	Window Coverage			
<input checked="" type="checkbox"/>	Shelving/Vanity											
A	KITCHEN (ETTE)	C	F	R	C	F	R	A		C	F	R
	Chairs								Gas Barbeque			
	Cleaning Supplies								Lighting			
	Counter/Cupboards/Shelving								Microwave			
	Dishes/Cutlery								Sink(s)			
	Dishwasher								Stove/Range Top			
	Door(s)								Table			
	Equipment/Small Appliances <u>TO BE TACED</u>								Walls/Ceiling Area			
	Fire Extinguisher (2.5 lb ABC)								Wastebasket			
	Floor								Window(s)/Coverage			
	Refrigerator								Ventilation			

Re-Inspection Required
 Recommended
 Not Recommended

Date of Re-Inspection: _____

Personal information on this form is collected under section 31(c) of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, c. f-15.01 as it relates directly to and is necessary for licensing of tourism establishments and will be used for public information on the new accommodations inspection report web site. If you have any questions about this collection of personal information, you may contact Janet Wood, Manager, Product Development Tourism PEI, P.O. Box 2000, Charlottetown, 902-368-5508.

Tourism Standards Officer: Tanya MacNeil Officer's Signature: Tanya MacNeil
 Date: May 19, 2010 Signature of Operator or Adult in Charge: Aidy Louisneau
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