

RDB TOURISM REGULATION INSPECTION REPORT

INSPECTION DETAILS	
Date:	Time:
Type:	Re-inspection?
Lead inspector:	Supporting inspector:
Phone:	Phone:
Email:	Email:

TOURISM ENTITY			
Name:			
Category:	Sub-category:		
Province:	District:	Sector:	Cell:
Street name and number:		Phone:	Email:
Name of on-site representative:		National ID:	
Title:	Phone:	Email:	

INSPECTION RESULT <i>(circle one)</i>	
Passed	Actions Required
	Failed
Reason(s) for failure (if applicable):	

CORRECTIVE ACTIONS REQUIRED			
#	Action	Deadline	Fine (if applicable)

ADDITIONAL REMARKS AND RECOMMENDATIONS

ACKNOWLEDGEMENTS		
<i>By signing and stamping below, I hereby confirm that I agree with the observations, outcomes and actions contained herein.</i>		
Lead Inspector	Supporting Inspector	On-site Representative
Name:	Name:	Name:
City:	City:	City:
Date:	Date:	Date:

INSPECTION CHECKLIST		Tour operator					
Location	#	Checklist item	Present		Functions		Details
			Y	N	Y	N	
Reception	1	Registered office premises and accurate physical address					
	2	First aid kits, including snake antivenom					
	3	Intercom, phones or walkie talkies to enable communication between departments					
	4	Phone enabling communication to outside					
	6	Booking system					
Vehicle	7	At least one four-wheel drive vehicle					
	8	- Valid controle technique					
	9	- Valid carte jaune					
	10	- Valid vehicle insurance					