# Annex checklist specific requirements for interiors

The points on the check-list correspond to the requirements and are checked during the audit.

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| --- | --- | --- |
| Requirements | Comments on implementation/deviations | Evaluation |
| Has the person responsible for quality management received, read and understood the regulations:* Regulations for the Allergy Seal of Quality
* Specific requirements for interiors
* Requirements for auditing bodies and audits
* Penalty provisions
 | [ ]  yes [ ]  noClick here to enter text. | Rating |
| Chapter 2 Requirements for quality management |  |
| 2 | Is a quality management standard (e.g. ISO 9001) available? | [ ]  yes [ ]  nowhich?Click here to enter text. | Rating |
| 2.1 | Who is responsible for quality management/allergen management (function)? Who is the deputy (function)? | Click here to enter text. | Rating |
| 2.1 | Where is the management of the interior rooms (allergy–friendly rooms) described? | Click here to enter text. | Rating |
| 2.1 | Where are the cleaning and washing processes described? | Click here to enter text. | Rating |
| 2.1 | Is implementation (control plan) monitored? | [ ]  yes [ ]  noClick here to enter text. | Rating |

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| Requirements | Comments on implementation/deviations | Evaluation |
| 2.1 | How often are employees trained and educated in allergen management? | Click here to enter text. | Rating |
| 2.1 | Is there a concept for dealing with emergency situations involving allergy sufferers?Who is responsible for the implementation (function)? | Click here to enter text. | Rating |
| 2.1 | Is the handling of deviations guaranteed? | [ ]  yes [ ]  noClick here to enter text. | Rating |
| Chapter 3 Specific requirements |
| 3.1 | If there is at least one interior space (allergy-friendly room, office space) that has the following requirements: | Click here to enter text. | Rating |
| 3.1.1 | Is it a non-smoking room? | [ ]  yes [ ]  noClick here to enter text. | Rating |
| 3.1.1 | Which smooth floor coverings (e.g. parquet, polyolefin, linoleum or stone floor coverings, or short pile synthetic fibre carpet) are used? | Click here to enter text. | Rating |
| 3.1.1 | Do the windows have pollen protection grilles or are the rooms air-conditioned (do the supply air and room air quality correspond to recognised reference values (e.g. GI reference values)? | [ ]  yes [ ]  noClick here to enter text. | Rating |
| 3.1.2 | Are textiles (e.g. furniture and curtains) dispensed of within hotel rooms? | [ ]  yes [ ]  noClick here to enter text. | Rating |
| Requirements | **Comments on implementation/deviations** | **Evaluation** |
| 3.1.2 | Are mite-allergen-proof mattresses, duvet covers, and pillow covers available? | [ ]  yes [ ]  noClick here to enter text. | Rating |
| 3.1.2 | Are emergency replacement sets provided? | [ ]  yes [ ]  noClick here to enter text. | Rating |
| 3.1.2 | Are hypoallergenic supplies (e.g. soap, shower gel, shampoo) provided? | [ ]  yes [ ]  noClick here to enter text. | Rating |
| 3.1.2 | Are plants and cut flowers dispensed with? | [ ]  yes [ ]  noClick here to enter text. | Rating |
| 3.1.2 | By whom (function) or how are guests informed about the arrangements and use of the facilities? | Click here to enter text. | Rating |
| 3.1.3 | Are hypoallergenic cleaning agents used? | [ ]  yes [ ]  noClick here to enter text. | Rating |
| 3.1.3 | Are hypoallergenic detergents used for bed linen, towels, and any guest linens? | [ ]  yes [ ]  noClick here to enter text. | Rating |
| 3.1.3 | Are guests informed about the type and use of cleaning products? | [ ]  yes [ ]  noClick here to enter text. | Rating |
| 3.1.3 | Are allergy-inducing plants dispensed with? | [ ]  yes [ ]  noClick here to enter text. | Rating |
| 3.3 | Is the ban on pets enforced? | [ ]  yes [ ]  noClick here to enter text. | Rating |

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| --- | --- | --- |
| Requirements | Comments on implementation/deviations | Evaluation |
| Kapitel 5 Claim and information |
| 5 | Which claims that meet the requirements are used? | Click here to enter text. | Rating |

By providing a signature, you confirm that all requirements have been reviewed.

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| Place and date:Click here to enter text. | Signature of auditor: | Name and first name of the auditorin block capitalsClick here to enter text. |