

Accredited BC Accommodations Association

Quality Assurance Program (QAP)

Please Note : Please print out this form and use it as your guide.

Each membership application or renewal must meet all minimum QAP inspection standards and be approved by the Association's Board of Directors. All deficiencies must be remedied prior to membership approval. **OUR APPROVED MEMBERS MUST FAVORABLY REFLECT OTHER MEMBER PROPERTIES BY PROVIDING SUPERIOR QUALITY, AMBIANCE, GUEST SERVICE, AMENITIES AND OUTSTANDING HOST INTEGRITY AND HOSPITALITY.** Failure to meet these guest requirements may result in suspension or termination of membership.

Items designated with a * are the minimum standards that **must** be met but all items listed are recommended.

The Accredited BC Accommodations Association defines a B&B Inn as a property that:

- Is situated on residentially or agriculturally zoned land
- Is the residence of the owner/operator, who resides onsite, and who provides personalized hospitality
- Is licensed as a Bed & Breakfast Inn by the appropriate licensing authority in the community/region
- Serves breakfast included in the room rate
- Is residential or agricultural in character
- The Association also offers membership to licensed short term rental properties that meet our standards but may not provide breakfast. These members will be called "Self-Catering Hosts"

According to the Association's bylaws, one of the purposes of the Association is to set and maintain high standards of quality and professionalism in the organization; to ensure a quality lodging experience for guests staying in Association Member Properties.

Name of Inn: _____

Name of Operator/Innkeeper: _____

Mailing Address: _____

Street Address (if different than above): _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

E-mail: _____ Web Address: _____

GUEST ROOMS		COMMENTS
Total No. of Rooms		
Space is adequate, comfortable & inviting		
Heating: Type of System		
Comfortable Quality Bed with fresh linens * Headboard is recommended.		

Mattress Pad*		
Quality Pillows*		
Pillow Protectors*		
Hangers, 8 – 12		
Side Chair		
Night Stand		
Drawer Space		
Adequate lighting/Reading Lamps*		
Room Directories, rules of the house/property		
Luggage Rack/Surface		
Opening windows *		
Shades or curtains for privacy *		
Waste basket		
Mirror – full length		
Drinking glasses		
Facial Tissue (if not in bathroom)		
Additional blankets		
Additional Pillows		
Keyed security lock *		
Operating smoke alarm *		
Emergency Exit Plan *		
Privacy locks/night latch (inside) *		
Rooms are dedicated to B&B use during the season (no personal items)*		

BATHROOMS		COMMENTS
Fixtures are in good, clean, working order		
Bathroom is ventilated		Describe or clarify
Towel Bars/ Towel/Robe Hooks *		
Waste baskets		
Facial Tissue (if not in Bedroom)		
Well lit mirror		
GFI electrical outlet		
Interior door lock *		
Liquid or individual soap *		
Bath Towels - 1 set per person *		
Hand Towels - 1 set per person *		
Face Cloths - 1 per person *		
Bath Mat - 1 *		
Non-skid Bath and/or Shower Surface or equivalent *		
Drinking Glasses - min. 2 Dishwasher Proof *		
Daily Housekeeping Service Offered		
Amenities: No. of items displayed, i.e. shampoo etc.		Describe
General condition - clean, no mold, etc.		
COMMON AREAS / SITTING AREAS / SERVICES		COMMENTS
Common area is clearly defined / inviting / clean & uncluttered		
Reading material / maps / tourist info / transit info / adequate lighting		
Comfortable seating		

Operating Smoke Alarms in hallways *		
First Aid Kit *		
Current date - Fire Extinguisher *		
Night lights in hallways *		
EXTERIOR	COMMENTS	
Exterior security locks *		
Exterior lighting including walkways & steps & parking area *		
Guest Parking *		
General repair and maintenance, including buildings & landscaping *		
Clear Identification / signage as permitted by local laws		
KITCHEN	COMMENTS	
Dishwasher / Sanitation		
Disposal management		
Food storage & Refrigeration (under 40 degrees F checked)		
Current Date - Fire Extinguisher *		
General Housekeeping *		
INN ADMINISTRATION	COMMENTS	
Rates: Lowest "off season" single to highest "high season double"	\$	\$
Hosts Courtesy, Services & Hospitality *		
Food Safe Certification *		Please attach copy
CPR / First Aid Certified		
World Host Certified		
Local License displayed * (if required)		Please attach copy
Liability Insurance with operation of B&B or self-catering accommodation *		Please attach copy

Website &/or Brochure information is accurate		
Confirmation of reservation is mailed/ emailed/texted *		
Cancellation / refund policy is clearly stated *		Describe
Guest registration system *		Please attach copy
Fire inspection * (if required)		
If 4 rooms or more, BC Provincial Sales Tax # required *		Registration #
Telephone answering system identifying business/ message system *		Describe or Clarify:
Professional telephone greeting including name of B&B *		

BREAKFAST-MUST BE PROVIDED AND INCLUDED IN THE RATE or

WE ARE IN THE “SELF CATERING HOST” CATEGORY AND:

WE DO NOT PROVIDE BREAKFAST _____

WE PROVIDE CONTINENTAL BREAKFAST _____

WE PROVIDE BREAKFAST ITEMS AND COOKING FACILITIES _____

Indicate style of Service		<input type="checkbox"/> Communal Table	<input type="checkbox"/> Room Service
		<input type="checkbox"/> Individual Tables	<input type="checkbox"/> Buffet
Indicate Guest Dining Area		<input type="checkbox"/> Kitchen	<input type="checkbox"/> Guest Room
		<input type="checkbox"/> Dining Room	<input type="checkbox"/> Deck/Garden
Indicate Menu Items		<input type="checkbox"/> Juice	<input type="checkbox"/> Fruit
		<input type="checkbox"/> Yogurt	<input type="checkbox"/> Cereal
		<input type="checkbox"/> Eggs/Entree	<input type="checkbox"/> Meats
		<input type="checkbox"/> Beverage	<input type="checkbox"/> Baked Goods
		<input type="checkbox"/> Toast	
Other Food Services Offered		<input type="checkbox"/> Complimentary Refreshments	<input type="checkbox"/> Baked Goods
		<input type="checkbox"/> Guest Refrigerator	<input type="checkbox"/> Accommodate Special Diets

ADDITIONAL FEATURES: INDICATE THOSE THAT APPLY

<input type="checkbox"/> Waterfront	<input type="checkbox"/> Beach	<input type="checkbox"/> Garden
<input type="checkbox"/> Ocean/Water view	<input type="checkbox"/> Pool	<input type="checkbox"/> Hot Tub
<input type="checkbox"/> Fire Place	<input type="checkbox"/> Trails	<input type="checkbox"/> Park/Forest Setting
<input type="checkbox"/> Antiques	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural
<input type="checkbox"/> Pet Friendly	<input type="checkbox"/> Handicap Accessible	
<input type="checkbox"/> Other Languages spoken		

STYLE OF ESTABLISHMENT				
<input type="checkbox"/> Contemporary	<input type="checkbox"/> Character	<input type="checkbox"/> Heritage	<input type="checkbox"/> Cottage	<input type="checkbox"/> Suite

Signed: _____ Dated: _____