

INSTITUTION..... *Blount* ..... FILE NO.....  
 DATE OF INSPECTION..... *2/3/58* .....  
REPORT ON DINING-ROOM.

ITEM	Satisfactory		Departmental Requirements	Action
	Yes	No		
(No. to be accommodated)	175			
<u>DINING-ROOMS:</u>				
Size.	✓		This room requires fly proofing. Painting suggested to brighten appearance.	
Lighting & Ventilation	✓			
Cleanliness: walls, floor ceiling.	✓			
Fly & Vermin proof	✓	✓		
Mechanical hazards.	✓			
<u>TABLES, CHAIRS:</u>				
Tables	✓		Recommend table cloths be supplied. Some crockery in poor condition.	
Chairs	✓			
Form-				
Table-cloths (type)	✓	✓		
Cutlery - supply & condition	✓	✓		
Crockery		✓		
Do staff sit with inmates? Yes/No.	✓			
<u>MEAL SERVED.</u>				
Weekly menu supplied by Brother Doyle.	✓			
<u>DRINK SERVED:</u>				
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<u>FREQUENCY OF SERVING (Daily or each meal)</u>				
Bread	Three times daily	✓		
Butter	Twice	✓		
Jam	Once	✓		
cream-milk Tea served		✓		
Fresh Fruit	Twice daily	✓		
1 piece each day		✓		
<u>METHOD OF SERVING MEAL:</u>				
From slide individually, or per order at table	✓			
<u>FIRE PREVENTION:</u>				
Hoses, hydrants, extinguishers, fire buckets	✓			
Fire Drill performed	✓			
Hazards.	✓			
<u>REMARKS:</u>				