# SCHEDULE B: CHECK LIST FOR TECHNICAL STANDARD

This checklist will be used by the ELC while verifying the technical standards for setting up places of entertainment and must be submitted to the Ministry while forwarding the application for issuance of license. ------------------------------------------------------------------------------------------------------------------------------------

**CHECK LIST FOR DISCOTHEQUE**

**Name of applicant: ……………………………………………………………………………………………………………….**

**Name of the Proposed Establishment: ………………………………………………………………………………….**

**Specific Location: …………………………………………………………………………………………………………………..**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl** | **Checklist** | **Yes** | **No** | **Remark** |
| 1 | Separate entrance and emergency exit with clear illumination sign. |  |  |  |
| 2 | Full sound proofing of the establishment (including walls and ceiling fitted with sound insulation and sound/noise absorbents materials) as well as the dual-doors system |  |  |  |
| 2 | Installation of insulated false ceiling from the original ceiling. |  |  |  |
| 3 | Minimum of four (4) serviceable fire extinguishers of 5 liters capacity or fitted with fixed automatic sprinkler system (automatic fire detection system). |  |  |  |
| 4 | Closed Circuit Television systems covering the dance floor, bar area, entrance areas and secluded areas |  |  |  |
| 5 | Adequate ventilation system (Natural or Artificial system with fresh air entrance and exhaust gas exit installed at least 2.5m high above the floor level). |  |  |  |
| 6 | The sound system (Loudspeakers or similar devices) not directly installed or hung on structure of building (e.g. ceiling, beam and pillar). Such equipment are installed on brick walls or placed on ground with good fittings. |  |  |  |
| 7 | Separate clean toilets with proper amenities for male and female. |  |  |  |
| 8 | Separate smoking rooms with good exhaust system including air purifier facility. |  |  |  |
| 9 | A minimum of two trained security (bouncer). |  |  |  |
| 10 | Separate space for dancing and resting. |  |  |  |

**Date of Verification or re-verification……………………………………………………**

**Inspection carried out by:**

* + - 1. Name …………………………………………………Organization………………..…………………………….Signature……………………
      2. Name………………………………………………….Organization ……………………………………………..Signature……………………
      3. Name …………………………………………………Organization………………..…………………………….Signature……………………
      4. Name………………………………………………….Organization ……………………………………………..Signature……………………
      5. Name………………………………………………….Organization ……………………………………………..Signature……………………

**Decision of the Inspection team**

Recommend Not recommended

**CHECK LIST FOR CINEMA HALL**

1. **Name of applicant: ………………………………………………………………………………………………………………**
2. **Name of the Proposed Establishment: …………………………………………………………………………………..**
3. **Specific Location: ………………………………………………………………………………………………………………….**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl** | **Checklist** | **Yes** | **No** | **Remark** |
| 1 | Full sound proofing of the establishment (including walls and ceilings fitted with sound insulation and sound/noise absorbents materials) as well as the dual-doors system |  |  |  |
| 2 | The installation of insulated false ceiling from the original ceiling. |  |  |  |
| 3 | Minimum of four (4) serviceable fire extinguishers of 5 liters capacity or fitted with fixed automatic sprinkler system (automatic fire detection system). |  |  |  |
| 4 | Closed Circuit Television systems covering the entrance areas and secluded areas |  |  |  |
| 5 | Adequate ventilation system (Natural or Artificial system with a fresh air entrance and exhaust gas exit installed at least 2.5m high above ground outside establishment) |  |  |  |
| 6 | The minimum chair width and row spacing (leg room) is 22 and 38 inches, respectively. |  |  |  |
| 7 | The Minimum distance between the seat (front row) and the screen is twice the length of screen and the maximum distance of the seats from the screen is five times the length of the screen. |  |  |  |
| 8 | The draperies and curtains, if used, is made of fire resistance materials |  |  |  |
| 9 | The Projector room is equipped with digital projector designed for the screen size of the auditorium |  |  |  |
| 10 | The ceiling and internal walls which are not paneled, tiled or imperviously surfaced is painted |  |  |  |
| 11 | Separate clean toilets with proper amenities for male and female |  |  |  |
| 12 | Separate smoking rooms with good exhaust system including air purifier facility |  |  |  |
| 14 | Presence of separate ticket counter |  |  |  |
| 15 | Separate entry and exit doors including emergency exit |  |  |  |
| 16 | Adequate space for recreation and refreshment |  |  |  |

**Date of Verification or re-verification:……………………………………………..**

**Inspection carried out by:**

1. Name ………………………………………………… Organization …………..………………………………..Signature……………………

2. Name…………………………………………………..Organization ……………………………………………Signature…………………….

3. Name…………………………………………………..Organization ……………………………………………Signature…………………….

4. Name…………………………………………………..Organization ……………………………………………Signature…………………….

5. Name…………………………………………………..Organization ……………………………………………Signature…………………….

**Decision of the Inspection team**

Recommend Not recommended

**CHECK LIST FOR DRAYANG**

1. **Name of applicant: …………………………………………………………………………………………………………**
2. **Name of the Proposed Establishment: ……………………………………………………………………………**
3. **Specific Location: …………………………………………………………………………………………………………..**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl** | **Checklist** | **Yes** | **No** | **Remark** |
| 1 | Full sound proofing of the establishment (including walls and ceilings fitted with sound insulation and sound/noise absorbents materials) as well as the dual-doors system. |  |  |  |
| 2 | The installation of insulated false ceiling from the original ceiling. |  |  |  |
| 3 | Minimum of two (2) serviceable fire extinguishers of 5 liters capacity. |  |  |  |
| 4 | Closed Circuit Television systems covering the entrance areas and secluded areas. |  |  |  |
| 5 | Adequate ventilation system(Natural or Artificial) |  |  |  |
| 6 | Separate clean toilets with proper amenities for male and female |  |  |  |
| 7 | A minimum of at least one trained security (bouncer). |  |  |  |
| 8 | Secure dancing stage for performers |  |  |  |
| 9 | The distance between the sitting arrangement and stage shall be Minimum of two meters. |  |  |  |
| 10 | Location of establishment ground Floor/basement |  |  |  |
| 11 | Secure child care room for children of employees |  |  |  |
| 12 | Separate changing room for male and female employees |  |  |  |
| 13 | Separate smoking rooms |  |  |  |

**Date of Verification or re-verification: ……………………………………………..**

**Inspection carried out by:**

1. Name ……………………………………………..Organization……………………..……………………..Signature……………………………

2. Name…………………………………………….. Organization ……………………………………………Signature……………………………

3. Name…………………………………………….. Organization ……………………………………………Signature……………………………

4. Name…………………………………………….. Organization ……………………………………………Signature……………………………

5. Name……………………………………………...Organization ……………………………………………Signature……………………………

**Decision of the Inspection team**

Recommend Not recommended

**CHECK LIST FOR KARAOKE/LIVE MUSIC**

1. **Name of applicant: …………………………………………………………………………………………….........................**
2. **Name of the Proposed Establishment: ………………………………………………………………………………….**
3. **Specific Location: …………………………………………………………………………………………………………………..**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl** | **Checklist** | **Yes** | **No** | **Remark** |
| 1 | Full sound proofed room with adequate air ventilation and dual door system. |  |  |  |
| 2 | Designated area for lounge with well-equipped furniture and entertainment facilities such as a stage equipped with karaoke machines, microphones, spotlights and speakers/amplifiers etc. |  |  |  |
| 3 | The installation of insulated false ceiling from the original ceiling. |  |  |  |
| 4 | Minimum of two (2) serviceable fire extinguishers of 5 liters capacity. |  |  |  |
| 5 | Closed Circuit Television systems covering the entrance areas and secluded areas. |  |  |  |
| 6 | Adequate ventilation system (Natural or Artificial) |  |  |  |
| 7 | Separate toilets with proper amenities for male and female. |  |  |  |
| 8 | Minimum 2 meters separation between the stage and the audience (This is applicable to Live Music) |  |  |  |
| 9 | The ceiling and internal walls which are not paneled, tiled or imperviously surfaced is painted |  |  |  |
| 10 | Separate smoking room |  |  |  |

**Date of Verification or re-verification: ……………………………………………..**

**Inspection carried out by:**

1. Name ……………………………………………..Organization…………………..……………………….Signature………………………

2. Name…………………………………………….. Organization …………………………………………..Signature………………………

3. Name…………………………………………….. Organization …………………………………………..Signature………………………

4. Name…………………………………………….. Organization ………………………………..................Signature………………………

5. Name…………………………………………….. Organization …………………………………………...Signature………………………

**Decision of the Inspection team**

Recommend Not recommended

**CHECK LIST FOR SNOOKER**

1. **Name of applicant: ……………………………………………………………………………………………………..**
2. **Name of the Proposed Establishment: ……………………………………………………………………….**
3. **Specific Location: ………………………………………………………………………………………………………**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Adequate air ventilation and good light system |  |  |  |
| 2 | Presence of one (1) serviceable fire extinguishers of 5 liters capacity. |  |  |  |
| 3 | Adequate sitting facilities such as chairs and sofa for players as well as audience |  |  |  |
| 4 | The ceiling and internal walls if not paneled, tiled or imperviously surfaced is painted |  |  |  |
| 5 | Adequate toilets with proper amenities |  |  |  |
| 6 | Separate smoking room |  |  |  |

**Date of Verification or re-verification: ……………………………………………..**

**Inspection carried out by:**

1.Name…………………………………………………Organization…………………..………………………….Signature……………………

2.Name…………………………………………………Organization ……………………………………………..Signature……………………

3.Name………………………………………………….Organization……………………………………………..Signature……………………

4.Name………………………………………………….Organization……………………………........................Signature……………………

5.Name………………………………………………….Organization……………………………………………..Signature……………………

**Decision of the Inspection team**

Recommend Not recommended

**CHECK LIST FOR VIDEO GAME PARLOUR**

1. **1. Name of applicant: ……………………………………………………………………………………………**
2. **Name of the Proposed Establishment: ………………………………………………………………….**
3. **Specific Location: …………………………………………………………………………………………………**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Adequate air ventilation and good light system |  |  |  |
| 2 | Presence of at least one (1) serviceable fire extinguishers of 5 liters capacity. |  |  |  |
| 3 | Secured and Personalized space (a computer or game console, table and chair) for individual gaming machines. |  |  |  |
| 4 | Secure and good arrangement for computers cords, wires and connection, away from areas where people walk |  |  |  |
| 5 | The ceiling and internal walls which are not paneled, tiled or imperviously surfaced is painted |  |  |  |
| 6 | Adequate toilets with proper amenities |  |  |  |
| 7 | Closed Circuit Television systems that cover the entrance areas and secluded areas |  |  |  |
| 8 | Separate smoking room |  |  |  |

# 

**Date of Verification or re-verification: ……………………………………………..**

**Inspection carried out by:**

1. Name …………………………………………………….Organization………………..…………………….Signature…………………….

2. Name……………………………………………………..Organization ……………………………………..Signature……………………

3. Name……………………………………………………..Organization ……………………………………..Signature………………………

4. Name…………………………………………………… Organization ……………………………..............Signature………………………

5. Name…………………………………………………… Organization ………………………………………Signature………………………

**Decision of the Inspection team**

Recommend Not recommended

**CHECK LIST FOR BOWLING ALLEY**

1. **Name of applicant: ……………………………………………………………………………………………………..**
2. **Name of the Proposed Establishment: ……………………………..…………………………………………**
3. **Specific Location: …………………………………………………………………..……………………………………**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl** | **Checklist** | **Yes** | **No** | **Remark** |
| 1 | Full sound proofed room with adequate air ventilation and dual door system. |  |  |  |
| 2 | Presence of insulated false ceiling |  |  |  |
| 3 | Minimum of two (2) serviceable fire extinguishers of 5 liters capacity or fitted with fixed automatic sprinkler system (automatic fire detection system). |  |  |  |
| 4 | Closed Circuit Television systems covering the entrance areas and secluded areas. |  |  |  |
| 5 | Adequate separate clean toilets with proper amenities for male and female |  |  |  |
| 6 | A minimum of one certified trainer or instructor |  |  |  |
| 7 | Separate smoking room |  |  |  |

**Date of Verification or re-verification: .……………………………………………..**

**Inspection carried out by:**

1. Name …………………………………………………..Organization………………..…………………..Signature………………

2. Name………………………………………………….. Organization ……………………………………Signature………………

3. Name………………………………………………….. Organization ……………………………………Signature………………

4. Name…………………………………………………...Organization …………………………...............Signature………………

5. Name……………………………………………………Organization ……………………………………Signature………………

**Decision of the Inspection team**

Recommend Not recommended