# 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

1. **Name** **of** **applicant:**

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

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3. **Specific** **Location:**

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| 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 bouncer) | | | |

| 10 | Separate space for dancing and resting. | | | | |
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**Date of Verification or re-verification.................................................**

**Inspection carried out by:**

(1) Name

..................................................Organization.............................................

.........Signature........................

(2) Name.................................................Organization

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(3) Name

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(4) Name.................................................Organization

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(5) Name.................................................Organization

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**Decision of the Inspection team**

Recommend ☐          Not recommended ☐