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 |
|-------|-----------|-------|-----|--------|-----|-------|--------|--------|------------|-------|------------|--------------|------|----------|-----|----------|-----|
| enter | tainment | and r | nus | t be s | ubn | iitte | d to t | he Min | istry whil | e for | warding tl | ne applicati | on f | or issua | nce | of licen | se. |

| ent | ertainment and must be submitted to the Ministry while forwarding the | he appli | cation fo | r issuance of license. |
|-----|--|----------|-----------|------------------------|
| | CHECK LIST FOR DISCOTHE | QUE | | |
| 1. | Name of applicant: | | | |
| 2. | Name of the Proposed Establishment: | | | |
| 3. | Specific Location: | | | |
| Э. | Specific Location. | | | |
| Sl | Checklist | Yes | No | Remark |
| 1 | Separate entrance and emergency exit with clear illumination | 163 | NU | Kemark |
| _ | 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 | | | |
| 3 | 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. | | | |
| Da | te of Verification or re-verification | | | |
| Zu | | | | |
| Ins | pection carried out by: | | | |
| 1. | NameOrganization | | S | ignature |
| 2. | NameOrganization | | | |
| | _ | | | _ |
| 3. | NameOrganization | | | _ |
| 4. | NameOrganization | | | 9 |
| 5. | NameOrganization | | S | ignature |
| De | cision of the Inspection team | | | |
| | Recommend Not recommended | | | |

CHECK LIST FOR CINEMA HALL

| | | | ed Establishment: | | | |
|------|---------------------------------------|--------|--|-----|------|--------|
| | 3. Specific Location | on: | | | | |
| | | | | | | |
| Sl | Checklist | | | Yes | No | Remark |
| 1 | | | the establishment (including walls and | | | |
| | O . | | d insulation and sound/noise absorbents | | | |
| | materials) as well a | | | | | |
| 3 | | | ated false ceiling from the original ceiling. | | | |
| 3 | | | erviceable fire extinguishers of 5 liters th fixed automatic sprinkler system | | | |
| | (automatic fire det | | * | | | |
| 4 | | | systems covering the entrance areas and | | | |
| | secluded areas | | g | | | |
| 5 | | | stem (Natural or Artificial system with a | | | |
| | | | khaust gas exit installed at least 2.5m high | | | |
| | above ground outs | | | | | |
| 6 | | | th and row spacing (leg room) is 22 and | | | |
| 7 | 38 inches, respective | | between the seat (front row) and the | | | |
| , | | | th of screen and the maximum distance of | | | |
| | | | is five times the length of the screen. | | | |
| 8 | | | rains, if used, is made of fire resistance | | | |
| | materials | | | | | |
| 9 | | | equipped with digital projector designed | | | |
| | for the screen size | of the | auditorium | | | |
| 10 | | | al walls which are not paneled, tiled or | | | |
| | imperviously surfa | ced is | painted | | | |
| 11 | | | th proper amenities for male and female | | | |
| 12 | | room | s with good exhaust system including air | | | |
| 14 | purifier facility Presence of separa | to tic | rot counter | | | |
| 15 | | | loors including emergency exit | | | |
| 16 | | | eation and refreshment | | | |
| | Traequate space for | 1001 | | 1 | | |
| Dat | e of Verification or | re-ve | rification: | | | |
| | | | | | | |
| _ | pection carried out | - | | | | |
| 1.Na | ame | | Organization | | Sig | nature |
| 2.Na | ame | | Organization | | Sign | ature |
| 3.Na | ame | | Organization | | Sign | ature |
| 4.Na | ame | | Organization | | Sign | ature |
| 5.Na | ame | | Organization | | Sign | ature |
| | | | | | | |
| Dec | ision of the Inspect | ion t | | | | |
| | 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 ar | | | |
| | ceilings fitted with sound insulation and sound/noise absorben | its | | |
| | 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 lite capacity. | | | |
| 4 | Closed Circuit Television systems covering the entrance areas are secluded areas. | nd | | |
| 5 | Adequate ventilation system(Natural or Artificial) | | | |
| 6 | Separate clean toilets with proper amenities for male and femal | e | | |
| 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 l Minimum of two meters. | oe | | |
| 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 | | | |
| | e of Verification or re-verification: | ••••• | | |
| 1.Na | meOrganization | | Signatur | e |
| 2.Na | meOrganization | | Signatur | e |
| 3.Na | meOrganization | | Signatur | e |
| 4.Na | meOrganization | | Signatur | e |
| 5.Na | meOrganization | | Signatı | ıre |
| Dec | sion 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 | e of Verification or re-verification: | _ | | | | | | | |
| | | | | | | | | | |
| Insp | ection carried out by: | | | | | | | | |
| 1 N: | ameOrganization | | Signatu | re | | | | | |
| | - | | _ | | | | | | |
| Z. Na | ameOrganization | | Signatui | re | | | | | |
| | ameOrganization | Signature | | | | | | | |
| 4. Na | ameOrganization | | Signatu | re | | | | | |
| 5. N | ameOrganization | | Signatu | re | | | | | |
| | | | | | | | | | |
| Dec | ision of the Inspection team | | | | | | | | |
| | Recommended Not recommended | | | | | | | | |
| | | | | | | | | | |

CHECK LIST FOR SNOOKER

| | 1. | Name of applica | nt: | | | | | |
|------|--|--|--|-----------|--|--|--|--|
| | 2. | Name of the Pro | posed Establishment: | | | | | |
| | 3. | Specific Locatio | n: | | | | | |
| 1 | A | dequate air ventila | tion and good light system | | | | | |
| 2 | ca | pacity. | 1) serviceable fire extinguishers of 5 liters | | | | | |
| 3 | | dequate sitting fa ell as audience | cilities such as chairs and sofa for players as | | | | | |
| 4 | | he ceiling and inte urfaced is painted | rnal walls if not paneled, tiled or imperviously | | | | | |
| 5 | _ | • | h proper amenities | | | | | |
| 6 | Se | eparate smoking r | oom | | | | | |
| Dat | Date of Verification or re-verification: | | | | | | | |
| | | tion carried out l | | | | | | |
| 1.Na | ame | 2 | OrganizationSign | ature | | | | |
| 2.Na | ame | <u>, </u> | Sign | nature | | | | |
| 3.Na | ame | <u>, </u> | OrganizationSign | Signature | | | | |
| 4.Na | ame | <u>, </u> | OrganizationSign | nature | | | | |
| 5.Na | ame | <u>)</u> | OrganizationSign | ature | | | | |
| Dec | isio | on of the Inspecti | | | | | | |
| | | Recommend | Not recommended | | | | | |

CHECK LIST FOR VIDEO GAME PARLOUR

| | 1. | 1. Name of appl | lican | t: | | | | |
|------|--|---------------------------------------|--------|---|--|---------|-----|--|
| | 2. | Name of the Pro | opos | ed Establishment: | | | | |
| | 3. | | | | | | | |
| 1 | | • | | and good light system | | | | |
| 2 | P | resence of at leas | st on | e (1) serviceable fire extinguishers of 5 | | | | |
| _ | | ters capacity. | 00 | o (1) serviceasie into enumganement or s | | | | |
| 3 | S | ecured and Perso | | ed space (a computer or game console, ridual gaming machines. | | | | |
| 4 | co | onnection, away fr | om a | gement for computers cords, wires and reas where people walk | | | | |
| 5 | | he ceiling and in nperviously surface | | l walls which are not paneled, tiled or painted | | | | |
| 6 | Α | dequate toilets wi | ith pr | oper amenities | | | | |
| 7 | | | | systems that cover the entrance areas | | | | |
| | aı | nd secluded areas | | | | | | |
| 8 | S | eparate smoking r | oom | | | | | |
| | Date of Verification or re-verification: | | | | | | | |
| 1. N | am | e | | Organization | | Signatu | ıre | |
| 2. N | am | e | | Organization | | Signatu | ıre | |
| 3. N | am | e | | Organization | | Signatu | ıre | |
| 4. N | am | e | | Organization | | Signatu | ıre | |
| 5. N | am | e | | Organization | | Signatı | ıre | |
| Dec | isio | on of the Inspect | ion t | | | | | |
| | | 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 3 | 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 | | | | | |
| | e of Verification or re-verification: | | | | | |
| 1. N | ameOrganization | | Signatur | e | | |
| 2. N | ameOrganization | | .Signatur | e | | |
| 3. N | ameOrganization | | Signature | | | |
| 4. N | ameOrganization | | .Signatur | ·e | | |
| 5. N | ameOrganization | | .Signatuı | e | | |
| Dec | ision of the Inspection team | | | | | |
| | Recommend Not recommended | | | | | |