

Hotel Room Energy Audit Checklist

Date:

Auditor Name:

Room Number:

General

ITEM	YES	NO	NOTES
Lights switched off when not needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Windows and doors properly sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Appliances unplugged when not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Lighting

ITEM	YES	NO	NOTES
LED or energy-efficient bulbs installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Light fixtures clean and functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

HVAC

ITEM	YES	NO	NOTES
Thermostat set to recommended range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Vent filters clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Bathroom

ITEM	YES	NO	NOTES
Low-flow showerheads/faucets installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Water leaks detected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Other Observations

Auditor Signature: