

Hotel Room Energy Conservation Inspection Form

Room Number:

Inspector Name:

Date:

Time:

Inspection Checklist

Item	Pass	Fail	Remarks
Lights switched off when not in use	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Air conditioning/heating set at optimal temperature	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Windows/doors properly sealed	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
TV and appliances unplugged when not in use	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Bathroom exhaust fan off when not needed	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Additional Comments:

Inspector Signature:

Supervisor Signature: