

# Hotel Guest Area Security Assessment Form

## General Information

Hotel Name

Assessor Name

Date

## Assessment Checklist

Area	Criteria	Compliant	Remarks
Lobby	Is surveillance in place and functional?	<input type="text"/>	<input type="text"/>
Guest Room Level	Are access controls (card keys, etc.) operating?	<input type="text"/>	<input type="text"/>
Corridors	Are emergency exits clearly marked and accessible?	<input type="text"/>	<input type="text"/>
Parking	Is the guest parking area secure?	<input type="text"/>	<input type="text"/>
Elevators	Is elevator access restricted to guests?	<input type="text"/>	<input type="text"/>

## Observations / Additional Notes

## Assessor Signature

Signature

Signature Date