

Hotel Room Inspection Checklist

Room Number:
Inspector Name:
Date:

General Cleanliness

Item	Pass	Fail	Notes
Floors clean	<input type="checkbox"/>	<input type="checkbox"/>	
Windows/mirrors clean	<input type="checkbox"/>	<input type="checkbox"/>	
Trash emptied	<input type="checkbox"/>	<input type="checkbox"/>	

Bathroom

Item	Pass	Fail	Notes
Toilet clean	<input type="checkbox"/>	<input type="checkbox"/>	
Sink/mirror clean	<input type="checkbox"/>	<input type="checkbox"/>	
Shower/tub clean	<input type="checkbox"/>	<input type="checkbox"/>	
Towels replenished	<input type="checkbox"/>	<input type="checkbox"/>	

Bedding

Item	Pass	Fail	Notes
Bed made properly	<input type="checkbox"/>	<input type="checkbox"/>	
Linens clean	<input type="checkbox"/>	<input type="checkbox"/>	
Pillows/fluff arranged	<input type="checkbox"/>	<input type="checkbox"/>	

Amenities

Item	Pass	Fail	Notes
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Toiletries supplied	<input type="checkbox"/>	<input type="checkbox"/>	
Coffee/tea restocked	<input type="checkbox"/>	<input type="checkbox"/>	
Functional TV/remote	<input type="checkbox"/>	<input type="checkbox"/>	
AC/Heating working	<input type="checkbox"/>	<input type="checkbox"/>	

Other Notes