

# Hotel Housekeeping Room Inspection Form

Inspector Name

Date

Room Number

## Room Cleanliness

Item	Pass	Fail	Comments
Beds Made Neatly	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Floors Vacuumed/Mopped	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Bathroom Clean	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Trash Emptied	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Dusting Done	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Amenities Replenished	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

## Additional Notes

Inspector Signature