Hotel Guest Satisfaction Inspection Checklist

Quality Control

DATE	ROOM NUMBER	INSPECTOR	ROOM TYPE
____ / ____ / _____			

FIRST IMPRESSION

	5	4	3	2	1
Door opens easily, no odour on entry	○	○	○	○	○
Room temperature comfortable	○	○	○	○	○
No visible marks on walls or ceiling	○	○	○	○	○
Carpet / floor clean and unstained	○	○	○	○	○

BED & LINENS

	5	4	3	2	1
Bed made crisply to brand standard	○	○	○	○	○
Linens fresh, no stains or hairs	○	○	○	○	○
Pillows plump and correct number	○	○	○	○	○
Mattress comfortable (no sagging)	○	○	○	○	○

BATHROOM

	5	4	3	2	1
Toilet spotlessly clean	○	○	○	○	○
Shower / tub clean, no mould	○	○	○	○	○
Sink and taps sparkling	○	○	○	○	○
Mirror streak-free	○	○	○	○	○
Towels fresh and neatly arranged	○	○	○	○	○
Amenities complete and presented	○	○	○	○	○

FURNITURE & EQUIPMENT

	5	4	3	2	1
All lights working	○	○	○	○	○
TV working, correct channel	○	○	○	○	○
Remote control working	○	○	○	○	○
Desk area clean and organised	○	○	○	○	○
Wardrobe / drawers clean inside	○	○	○	○	○
Iron and board present and clean	○	○	○	○	○

AMENITIES & INFORMATION

	5	4	3	2	1
Tea / coffee making facilities stocked	○	○	○	○	○
Wi-Fi instructions visible	○	○	○	○	○
Compendium / guest info current	○	○	○	○	○
Evacuation plan on door	○	○	○	○	○

OVERALL

Would you be happy checking into this room? ☐ Yes — guest ready ☐ Minor issues — fix before selling ☐ Major issues — block room

Issues to address

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Inspector signature

Notes

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