



Premier Tour and Travel

Group Name: _____ **Tour Destination:** _____

Hotel Room Inspection Report

(Conduct Room Inspection at Check-In PRIOR to Occupancy & BEFORE Checking Out)

Hotel: _____ **Location:** _____

Room #: _____ **Date of Inspection:** _____ **Time:** _____

Room Type: (Circle or Check One) Quint/Suite (5+) Quad(4) Triple(3) Double(2) Single(1)

Overall Room Cleanliness: (Circle or Check One) Excellent Good Fair Poor

Are there sufficient towels, washcloths & toiletries for quad/quint occupancy: Yes; No

CHECK-IN Insp.

CHECK-OUT Insp.

Item	Condition (Circle One)		Condition (Circle One)	Remarks
Doors	Good Fair Poor Broken		Good Fair Poor Broken	
Walls	Good Fair Poor Broken		Good Fair Poor Broken	
Carpet	Good Fair Poor Broken		Good Fair Poor Broken	
Window Treatments	Good Fair Poor Broken		Good Fair Poor Broken	
Television	Good Fair Poor Broken		Good Fair Poor Broken	
Furniture	Good Fair Poor Broken		Good Fair Poor Broken	
Lights	Good Fair Poor Broken		Good Fair Poor Broken	
Bathroom Fixtures	Good Fair Poor Broken		Good Fair Poor Broken	
Beds	Good Fair Poor Broken		Good Fair Poor Broken	
Bed Linens	Good Fair Poor Broken		Good Fair Poor Broken	
Pillows	Good Fair Poor Broken		Good Fair Poor Broken	
Alarm Clock	Good Fair Poor Broken		Good Fair Poor Broken	
Hair Dryer	Good Fair Poor Broken		Good Fair Poor Broken	
Coffee Maker	Good Fair Poor Broken		Good Fair Poor Broken	
Mini Fridge	Good Fair Poor Broken		Good Fair Poor Broken	
Pictures/Décor	Good Fair Poor Broken		Good Fair Poor Broken	

Room Occupants Names:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Room Inspection Conducted By: _____

Signature

Date