HOTEL INSPECTION CHECKLIST

Hotel:						
Address:						
City/State/Zip:						
Phone:						
Fax:						
Web Site:						
Hotel Contact:						
Email:						
HOTEL						
Check-In time?	Check-Out time?					
What is the policy f	for late check-out?					
Deces automates a						
Room guarantee p	olicy?					
Extended rate (nig	policy? (night after)?					
Extended rate (<i>nig</i>	(night alter)? (night alter)?					
	out, what arrangements are made for confirmed hotel guest?					
Is luggage storage	available for early arrivals and late departures? Yes					
No Cost						
TRANSPORTATIO						
What is the closes						
How many miles from airport to hotel?						
The coldina is leafe						
Travel time to hote	l? (rush hour) (non-rush hour)					
Does the hotel offe	er complimentary shuttle service to and from the airport?					
Does the hotel offe	er complimentary shuttle service to and from the airport?					
Does the hotel offe	er complimentary shuttle service to and from the airport? I No to hotel from airport:					
Does the hotel offe Ves Estimated taxi fare Estimated shuttle f	er complimentary shuttle service to and from the airport? I No to hotel from airport: fare to the hotel from airport:					
Does the hotel offe Yes Estimated taxi fare Estimated shuttle f Does the hotel offe	ar complimentary shuttle service to and from the airport? I No to hotel from airport: fare to the hotel from airport: er self-service parking? Valet parking?					
Does the hotel offe Yes Estimated taxi fare Estimated shuttle f Does the hotel offe What are the rates	ar complimentary shuttle service to and from the airport? I No to hotel from airport: are to the hotel from airport: are self-service parking? Valet parking? : self-service parking? Valet parking?					
Does the hotel offe Yes Estimated taxi fare Estimated shuttle f Does the hotel offe What are the rates What are the In/Ou	ar complimentary shuttle service to and from the airport? I No to hotel from airport: fare to the hotel from airport: er self-service parking? Valet parking?					

ACCOMMODATIONS

ASSOCIATIONS						
Hotel occupancy tax?	City tax?		Other?			
Number of handicap accessible r	ooms: S	moking:	Non-Smoking:			
Number of regular non-smoking	rooms:	_ Specific floo	ors available?			
In-room hotel amenities (check all that apply):						
refrigerator/mini-bar		irons/iro	ning board			
hair dryer		PC data	port			
complimentary newspa	aper	voice ma	ail			
Coffee maker/coffee	•	dry clear	ning/laundry			
other, specify:			0 ,			
HOTEL SERVICES Does the hotel have a business of						
Does the hotel offer room service	<u>}?</u>	Hours of Op	peration:			
What recreational facilities are available to hotel guest? (check all that apply):						
□ swimming pool □ fitness center □ jogging path						
Cost for guest to use recreationa	I facilities?					
Does the hotel have a Concierge? Hours of Operation:						
Are there shops located on-site?						
How many restaurants are on-sit	e?					
Hours of operation: (breakfast)_	(lt	unch)	(dinner)			
Other:						

FACILITIES AND DESIGN

/hen was the property built? When was the last renovation?					
Will there be any renovation projects durning our stay?					
(month and dates)					
If so what type:					
Is the hotel equipped with fire sprinkler	s? Fire alarm system (ADA				
compliant)? Fire exists are clearly displayed?					
Last Fire inspection: Resu	ılts:				
Is there more than one guest registration area for hotel check-in/check-out?					
If so, where?					
Is smoking permitted in public areas?					
Where are restrooms located?					
Are all public areas handicap accessib	le? If not, what alternatives				
are offered?					
Are there vending machines/ice	nes? If so, where are they				
located:					
Can you hang meeting banners or signs in public areas?					
If so, in what manner?					
Other:					

MEETING ROOMS

**Request a diagram of all meeting spaces in the hotel. This diagram should include square footage, room dimensions, ceiling height and maximum capacity for various meeting room set-ups. After identifying the most suitable meeting space, ask the following questions for each room that you will be using:

Is there individual temperature controls in the meeting room? □Yes □ No If so, where are they located?						
Is there an extra charge for re-setting the room if set-up is changed?						
□Yes □ No If so, what is the cost?						
What items are complimentary (included	in meeting room set-up)? (check all that					
apply)						
whiteboard/markers	notepads for participants					
pens/pencils in-room water station						
flip charts/markers	speaker's podium					
Is there a charge for bringing your own supplies?						
Does the hotel provide complimentary meeting signage?						
If so, where?						
Are the meeting rooms carpeted?						
Do the meeting rooms have pillars?						
Do the meeting rooms have natural lighting?						
Is there a extra charge for audio-visual equipment?						
Is there a charge for bringing your own audio-visual equipment? QYes Q No						
If so, what is the charge?						
Request menus and pricing.						
Other:						

OTHER CONSIDERATIONS

What is the complimentary room policy?

What type of security does your hotel offer?			
Is there free transportation to local attractions? Types I No			
If yes, what are the parameters?			
Are there any service charges, gratuities or sales taxes that have not been			
included in the prices? DYes D No If so, what are they?			
Are there insurance requirements? Yes No			
If so, what are they?			
What is the meeting cancellation policy?			
Do you participate in any benefit membership programs? Yes No			
If so, what are they?			
Is there a minimum requirement for catering functions?			
Property location: Suburban airport downtown resort			
Parking fees? DYes D No If so, what are they?			
Request copies of brochures of the hotel.			

REFERENCES

Please provide names of two clients who have held meetings at your hotel in the last six months:

Contact Name/Phone Number	Company Name	Meeting Dates
Contact Name/Phone Number	Company Name	Meeting Dates
COMMENTS		

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