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 for late check-out?___________________________
Room guarantee policy?________________________________________
Room cancellation policy?_______________________________________
Extended rate (night before)?___________ (night after)?______________
If the hotel is sold out, what arrangements are made for confirmed hotel guest?
________________________________________________________________
________________________________________________________________
Is luggage storage available for early arrivals and late departures? Yes _____
No ______ Cost ________

TRANSPORTATION
What is the closest airport?_______________________________________
How many miles from airport to hotel?____________________________
Travel time to hotel? (rush hour) ___________ (non-rush hour)___________
Does the hotel offer complimentary shuttle service to and from the airport?
☐ Yes ☐ No
Estimated taxi fare to hotel from airport: ___________
Estimated shuttle fare to the hotel from airport: ___________
Does the hotel offer self-service parking? __________ Valet parking? _________
What are the rates: self-service parking? __________ Valet parking? _________
What are the In/Out privileges?____________________________________
Closet LS/Metro? ____________ EL/Subway? ____________
Other:_________________________________________________________________
ACCOMMODATIONS
Hotel occupancy tax? ________ City tax? ____________ Other? _______
Number of handicap accessible rooms: ___ Smoking: ___ Non-Smoking: ____
Number of regular non-smoking rooms: ____ Specific floors available? ______
In-room hotel amenities (check all that apply):
- refrigerator/mini-bar
- hair dryer
- complimentary newspaper
- coffee maker/coffee
- other, specify: _____________________________________________

HOTEL SERVICES
Does the hotel have a business center? _______ Hours of Operation: _______
Does the hotel offer room service? _______ Hours of Operation: _______
What recreational facilities are available to hotel guest? (check all that apply):
- swimming pool
- fitness center
- jogging path
Cost for guest to use recreational facilities? _______
Does the hotel have a Concierge? _______ Hours of Operation: ___________
Are there shops located on-site? _________________________________
How many restaurants are on-site? _____________________________
Hours of operation: (breakfast)_________ (lunch)________ (dinner)_______
Other:___________________________________________________________

FACILITIES AND DESIGN
When was the property built? ________ When was the last renovation? ______
Will there be any renovation projects during our stay? ________________
(month and dates)_____________
If so what type:____________________________________________________
Is the hotel equipped with fire sprinklers?_______ Fire alarm system (ADA compliant)? ______ Fire exists are clearly displayed?______
Last Fire inspection: _________ Results:_______________________________
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 accessible? _________ If not, what alternatives are offered?
_____________________________________________________________
Are there vending machines/ice machines? _________ 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? ___________________________
   ☐ Yes ☐ 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? ☐ Yes ☐ No
   If yes, what are the parameters? _________________________________________

Are there any service charges, gratuities or sales taxes that have not been included in the prices? ☐ Yes ☐ 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? ☐ Yes ☐ 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:

<table>
<thead>
<tr>
<th>Contact Name/Phone Number</th>
<th>Company Name</th>
<th>Meeting Dates</th>
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COMMENTS

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