

# Daily Room Inspection Report

Date

Room Number

Inspected by

Time

## Inspection Checklist

Item	Status (OK/Not OK)	Comments
Beds & Bedding		
Floor Cleanliness		
Bathroom		
Windows & Curtains		
Furniture		
Trash Emptied		
Lights/Fixtures		
Other		

## Notes / Observations

Inspector Signature

Date

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