

Post-Guest Room Condition Report

Room & Guest Details

Room Number	<input type="text"/>	Floor	<input type="text"/>
Guest Name	<input type="text"/>		
Check-in Date	<input type="text"/>	Check-out Date	<input type="text"/>

Room Condition Checklist

Item/Area	Condition	Remarks
Bedding	<input type="text" value="Clean/Damaged/etc"/>	<input type="text"/>
Furniture	<input type="text"/>	<input type="text"/>
Bathroom	<input type="text"/>	<input type="text"/>
Appliances	<input type="text"/>	<input type="text"/>
Walls/Flooring	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Additional Comments

Staff Signature

Date:

Supervisor Signature

Date: