

Post-Guest Room Condition Report

Room & Guest Details

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

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: