Housekeeping Supervisor Inspection Form

GENERAL INFORMATION

Room Number

Date

Time

Supervisor Name

Room Attendant Name

INSPECTION CHECKLIST

Inspection Item	Pass	Fail	Remarks
Bedding (Clean & Arranged)	☐	☐	
Bathroom (Clean & Stocked)	☐	☐	
Floors/Vacuumed	☐	☐	
Furniture (Dust-Free)	☐	☐	
Windows/Mirrors (Clean)	☐	☐	
Amenities (Replenished)	☐	☐	
Overall Room Condition	☐	☐	

ADDITIONAL COMMENTS

Supervisor Signature

Date

Attendant Signature

Date