

Room Service Quality Assurance Checklist

Date:		Room #:	
Inspector:		Attendant:	

Checklist

Item	Yes	No	Comments
Room Service Table Clean & Presentable	<input type="checkbox"/>	<input type="checkbox"/>	
Food Presented Neatly	<input type="checkbox"/>	<input type="checkbox"/>	
All Necessary Condiments Provided	<input type="checkbox"/>	<input type="checkbox"/>	
Utensils, Napkins, and Glassware Clean	<input type="checkbox"/>	<input type="checkbox"/>	
Order Delivered on Time	<input type="checkbox"/>	<input type="checkbox"/>	
Staff Courteous and Professional	<input type="checkbox"/>	<input type="checkbox"/>	
Correct Order Delivered	<input type="checkbox"/>	<input type="checkbox"/>	
Tray Retrieved Promptly	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments

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Inspector Signature:		Date:	
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