

Room Service Quality Assurance Checklist

Date:	<input type="text"/>	Room #:	<input type="text"/>
Inspector:	<input type="text"/>	Attendant:	<input type="text"/>

Checklist

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

Additional Comments

Inspector Signature:	<input type="text"/>	Date:	<input type="text"/>
----------------------	----------------------	-------	----------------------