

Housekeeping Service Quality Assessment Form

Property/Department:

Date:

YYYY-MM-DD

Inspected By:

Room/Area Details

Room/Area Number:

Attendant Name:

Assessment Criteria

Criteria	Score (1-5)	Comments
Cleanliness of Room/Area		
Bathroom Cleanliness		
Linen & Amenities Arrangement		
Floor & Furniture Condition		
Restocking Supplies		
Attendant's Appearance		
Timeliness of Service		

General Comments / Suggestions

Enter any additional comments or suggestions...

Inspector's Signature

Date

