

# 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	<div></div>	<div></div>
Bathroom Cleanliness	<div></div>	<div></div>
Linen & Amenities Arrangement	<div></div>	<div></div>
Floor & Furniture Condition	<div></div>	<div></div>
Restocking Supplies	<div></div>	<div></div>
Attendant's Appearance	<div></div>	<div></div>
Timeliness of Service	<div></div>	<div></div>

## General Comments / Suggestions

Enter any additional comments or suggestions...

Inspector's Signature

Date

