

# Room Readiness Quality Control Checklist

Room Number	Date
Inspected by	Time

## Checklist Items

Item	Status (✓/—)	Remarks
Beds made neatly		
Bathroom clean and stocked		
Floors vacuumed/mopped		
All amenities in place (towels, toiletries, etc.)		
Lights and electronics functional		
Windows & curtains clean and functional		
Trash removed		
No maintenance issues		
Odor-free environment		

## Additional Notes

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Inspector's Signature

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Supervisor's Signature