

Guest Room Maintenance Inspection Checklist

Room Number: _____

Date: _____

Inspector: _____

Inspection Items

Item	Status (OK/Needs Attention)	Remarks
Bedding (sheets, pillows, blankets)		
Mattress		
Lights (all fixtures, switches)		
Electrical outlets		
Television & remote		
Air Conditioning/Heating		
Windows, Curtains/Blinds		
Furniture (desk, chairs, tables)		
Doors & Locks		
Flooring (cleanliness, condition)		
Bathroom Fixtures (sink, toilet, shower)		
Plumbing (leaks, clogs)		
Mirrors/Glass		
Amenities (soap, towels, toiletries)		
Smoke Detector		
Mini-bar/Fridge		
Trash Bins (emptied, lined)		

Additional Remarks

Inspector Signature:

Supervisor Signature: