

Housekeeping Room Quality Audit Form

Room Number

Auditor Name

Date

Audit Checklist

Criteria	Score (Yes/No/NA)	Comments
Beds made neatly	<input type="text"/>	<input type="text"/>
Floors clean & free from debris	<input type="text"/>	<input type="text"/>
Bathroom clean & stocked	<input type="text"/>	<input type="text"/>
Dusting completed (furniture, fixtures, etc.)	<input type="text"/>	<input type="text"/>
Trash removed	<input type="text"/>	<input type="text"/>
Amenities replenished	<input type="text"/>	<input type="text"/>

General Comments / Observations

Auditor Signature

Housekeeper Signature