

Occupied Room Routine Inspection Checklist

Room Number: _____

Guest Name: _____

Date of Inspection: _____

Inspected By: _____

Checklist

Inspection Item	OK	Action Needed / Remarks
Bed made properly and linen clean		
Bathroom clean and amenities replenished		
Towels clean and replaced if needed		
Glassware, cups, and mugs clean		
Room free from trash and odor		
Minibar/fridge checked and restocked		
Air conditioning/fan working properly		
Lights and lamps working		
Telephone, TV, remote controls functional		
Windows & curtains/blinds functional		
Wardrobe/safe in good condition		
Floors and surfaces dust-free		
Room supplies replenished (tea, coffee, etc.)		

Housekeeping Supervisor Signature: _____

Remarks: _____