

Guest Room Hazard Assessment Checklist

Hotel Name: Room Number:

Date: Inspector Name:

General Safety Hazards

Item	Yes	No	Notes
Smoke detector present & functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fire escape route map posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No blocked exits or windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Floor free of tripping hazards/objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Electrical Safety

Item	Yes	No	Notes
Electrical outlets in good condition, with covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cords/wires undamaged & not frayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No overloading of power strips/adapters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Bathroom Safety

Item	Yes	No	Notes
Non-slip mat or strips in bathtub/shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Grab bars secure if present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Bathroom floor dry/clean, free of hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Security

Item	Yes	No	Notes
Main door locks (deadbolt/chain/latch) operational	<input type="checkbox"/>	<input type="checkbox"/>	
Windows lock securely	<input type="checkbox"/>	<input type="checkbox"/>	
Peep hole present and functional	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments

Inspector Signature

Date