

Guest Room Departure Inspection List

Room Number: _____

Date: _____

Inspected By: _____

Inspection Checklist

Area/Item	Condition	Comments
Beds (linen, pillows)		
Bathroom (cleanliness, amenities)		
Towels & Bath Mats		
Floors (carpet/tile)		
Furniture & Fixtures		
TV/Remote		
Mini Bar / Refrigerator		
Lights / Electrical		
AC / Heating		
Closet / Hangers		
Luggage Rack		
Door Locks		
Windows & Curtains		
General Cleanliness		

Additional Notes

Inspector's Signature

Supervisor's Signature

