

SITE INSPECTION CHECKLIST



Client: _____
Program: _____
Dates: _____

Hotel Information

General:

Property _____
Room Block: ROH _____ Suites _____ Presidential _____ Staff _____
Number of Trip Directors _____
Net Rate _____ Staff Rate _____ Suite Rate _____ TAX _____
General Manager _____
Conference Svc. Manager _____
Sales Contact _____
Accepted Credit Cards _____

Guest Rooms:

Number of...

Run of House _____ Suites _____ Handicap _____
Non-Smoking _____ Smoking _____
Connecting Rooms Available? _____
Twins _____ Kings _____ Db1/Db1 _____ Ocean _____
What are your room categories? _____
Charge for additional guests _____ Charge for roll-away? _____

SITE INSPECTION CHECKLIST

Is there a Club Floor? _____ If yes, how many rooms? _____

Where is the Club Floor located? _____ Hours: _____ am - _____ pm

Please describe the club f & b presentations/hours:

AM Service: _____

Afternoon Service: _____

Evening Service: _____

Do The Rooms Have: (please note if any items are an additional cost)

	Y	N	Suites Only		Y	N	Suites Only
Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Iron/Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mini-Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amenities (soaps, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby Cribs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby Strollers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Refrigerator		<input type="checkbox"/>	<input type="checkbox"/>
Balcony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Robes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CD Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee Maker		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Smoke Detector		<input type="checkbox"/>	<input type="checkbox"/>
Color TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Port on Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turndown Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dead Bolts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Video Check Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hairdryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Voice Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-room Safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows that open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Key Type _____ Room Svc. Hrs _____

What Newspapers are available weekdays: _____

Available weekends: _____

What time are they delivered? _____ Total Cost? _____

Business Center: Yes No

Location: _____ Hours: _____

Business Services:

	Y	N		Y	N
Fax Machine	<input type="checkbox"/>	<input type="checkbox"/>	Mail Services	<input type="checkbox"/>	<input type="checkbox"/>
Photo Copier	<input type="checkbox"/>	<input type="checkbox"/>	FED-EX	<input type="checkbox"/>	<input type="checkbox"/>
Word Processor	<input type="checkbox"/>	<input type="checkbox"/>	Desktop Publishing	<input type="checkbox"/>	<input type="checkbox"/>
Computer	<input type="checkbox"/>	<input type="checkbox"/>	- If Yes, Type _____		
Printer		<input type="checkbox"/>	<input type="checkbox"/> - If Yes, Type _____		

SITE INSPECTION CHECKLIST

What is the charge to rent the following office equipment:

Fax Machine (inclusive of tax): _____

High Speed Copier (inclusive of tax): _____ Copy Paper: _____

IBM Computer (inclusive of tax): _____

Printer (inclusive of tax): _____

Easel (inclusive of tax): _____

Flip Charts (inclusive of tax): _____

Cork Board (inclusive of tax): _____

Speaker Phone (inclusive of tax): _____

SITE INSPECTION CHECKLIST

Hospitality Desk/Check-In:

Location _____

Is a direct outside line available? Yes No Cost per day? _____

Is signage allowed to be brought in? Yes No

Is there a satellite check in site available close by? Yes No

Is there a fee for the satellite check in? Yes No If yes, what is the daily fee? _____

Facilities & Activities:

Health Club (hrs. _____)

Fee for usage? Y N

 Y N

Aerobics	<input type="checkbox"/>	<input type="checkbox"/>
Bike	<input type="checkbox"/>	<input type="checkbox"/>
Co-ed	<input type="checkbox"/>	<input type="checkbox"/>
Complimentary	<input type="checkbox"/>	<input type="checkbox"/>
Free Weights	<input type="checkbox"/>	<input type="checkbox"/>
Locker Rooms		<input type="checkbox"/> <input type="checkbox"/>
Nautilus	<input type="checkbox"/>	<input type="checkbox"/>
Stairmaster	<input type="checkbox"/>	<input type="checkbox"/>
Treadmill	<input type="checkbox"/>	<input type="checkbox"/>

Water Sports On Property

 Y N off site

Boating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishing		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Jet Skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parasailing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scuba Diving			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Windsurfing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snorkeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	_____		

Spa/Salon

 Y N

Facial	<input type="checkbox"/>	<input type="checkbox"/>
Hair Salon	<input type="checkbox"/>	<input type="checkbox"/>
Manicure	<input type="checkbox"/>	<input type="checkbox"/>
Massage	<input type="checkbox"/>	<input type="checkbox"/>
Sauna	<input type="checkbox"/>	<input type="checkbox"/>
Pedicure	<input type="checkbox"/>	<input type="checkbox"/>
Other:	_____	

On Site Recreational Facilities:

 Y N off site

Game Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jacuzzi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool, Indoor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool, Outdoor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Racquetball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis		<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Racquet Rental:	_____		
Court Fee:	_____		

Children's Program: Yes No

Hours: _____ Cost for one child: _____ Additional Children: _____

ATM Machine Location: _____

SITE INSPECTION CHECKLIST

Pool & Beach

- 1) If there is a pool, is there a lifeguard on duty? Yes No
- 2) Does the property have a beach? Yes No If yes, is it swimmable? Yes No
- 3) Is there beverage service on the beach and pool? Yes No
- 4) Are there chairs and lounge chairs available? Yes No

Accounting:

What major credit cards are accepted? _____

Master Account Yes No

Do you place a block per day on credit cards? Yes No

If yes, what is the amount? _____

Meeting Room Information

Meeting: _____

1/2 Day _____ Full Day _____ # of pax _____ Breakouts: Yes No

Location: _____

Set-up: _____

AV Required: _____

Room Description: (Windows, Clocks, Mirrors, Shape) _____

Notes: _____

Nearest Pay Phone/ Restroom: _____

Meeting Charges If Any: _____

Meeting Room Checklist					
	Y	N		Y	N
Adjustable Lighting	<input type="checkbox"/>	<input type="checkbox"/>	Pads, Paper, Water, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Built-in A/V	<input type="checkbox"/>	<input type="checkbox"/>	Separate Kitchen	<input type="checkbox"/>	<input type="checkbox"/>
Cassette Player	<input type="checkbox"/>	<input type="checkbox"/>	Slide Projector	<input type="checkbox"/>	<input type="checkbox"/>
Chalk	<input type="checkbox"/>	<input type="checkbox"/>	Sound System	<input type="checkbox"/>	<input type="checkbox"/>

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Elevator Service	<input type="checkbox"/>	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>
	Y	N		Y	N
Flip Chart	<input type="checkbox"/>	<input type="checkbox"/>	Translation Booth	<input type="checkbox"/>	<input type="checkbox"/>
Indiv. Temp. Control	<input type="checkbox"/>	<input type="checkbox"/>	VCR	<input type="checkbox"/>	<input type="checkbox"/>
Lockable Doors	<input type="checkbox"/>	<input type="checkbox"/>	Other		
Movie Reels & Screen	<input type="checkbox"/>	<input type="checkbox"/>			

Miscellaneous Information

Hotel:

- 1) Hotel Shuttle Service to/from Airport etc? Yes No
 - a) What is the per person charge? _____
 - b) What is the advance reservation time required? _____
 - c) How much is a taxi each way to/from the airport? _____
- 2) Check In / Check Out Times: _____ - _____
- 3) Concierge Hours: _____
- 4) Is there Valet Parking? Yes No If yes, what's the daily rate?: _____
- 5) Is there Self Parking? Yes No If yes, what's the daily rate?: _____
- 6) Telephone Access Charge? Yes No ...If yes, what is the fee? _____
- 7) Charge for Local Calls? Yes No ...If yes, what is the fee? _____
- 8) What is the cost to rent a house phone (inclusive of tax)? _____
- 9) What is the cost to rent phones w/ outside access (inclusive of tax)? _____
- 10) Can PBX leave group voice mails or text messages? Yes No
- 11) Is a Customs Broker necessary to ship gifts to the hotel? _____ If yes, please provide recommendations and your hotel procedures.
- 12) Is there any construction or renovations planned during the time of the group? Yes No
If yes, to what extent? _____

Food & Beverage:

- 1) What is the overset? _____ Overprep? _____
- 2) What is the hotel's advance guarantee requirement? _____
- 3) What is the F & B Gratuity? _____ Sales Tax? _____
- 4) Are the banquet rooms guaranteed exclusively to the group? Yes No
- 5) Are the rooms soundproof? Yes No
- 6) Where is the food prepared in relation to the function location and how long for delivery time? _____

SITE INSPECTION CHECKLIST

Guest Services:

- 1) What are bellman gratuities? _____...Is this fee taxable/at what rate? _____
- 2) What are daily maid gratuities? _____...Is this fee taxable/at what rate? _____
- 3) What is the charge for room delivery (inside / outside room)? _____ / _____
- 4) Is it possible to slip items (departure notices) under the door? _____
- 5) How does the bell staff handle luggage delivery and bag pulls? _____

- 6) What is the staffing level for arrivals/departures and what is the average time required?

- 7) For group departures, do guests leave their luggage inside or outside of their guest room for the bag pull? _____
- 8) Does the porte cochere have enough space for group arrivals and departures? Yes No
If not, where does this take place? _____
- 9) What is the charge to re-key a function room (inclusive of tax)? _____
- 10) What is the check cashing policy? _____
- 11) What will the occupancy rate be while we are in-house? _____
- 12) One and two nights prior? _____ One and two nights post? _____
- 13) Overflow Recommendation(s): _____

- 14) Will there be any other groups in-house at the same time? _____
- 15) If yes, please name them their size and arrival/departure patterns: _____

- 16) Are gift certificates available hotel-wide for all stores? _____
- 17) Taxi to center of town: \$ _____ or major sightseeing location? _____
- 18) State Certified Baby-sitting Services? Yes No
- 19) Tour Company On-Site? Yes No -- Can we bring in our own? Yes No
- 20) Other On-Site Suppliers: _____
- 21) Sundries Shop Hours: _____
- 22) Are there other stores in the hotel (please specify? _____
- 23) Laundry/ Dry Cleaning Service: Yes No
- 24) Medical Emergencies: _____
- 27) Loading/Unloading Areas satisfactory? Yes No

SITE INSPECTION CHECKLIST

On Site Dining Options

NAME	TYPE	HOURS	PRICE RANGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Alcohol Laws (if applicable) _____
beach, open container, age limit etc.

Theme Parties

Name: _____ Location: _____

Description: _____

Optional Inclusions: _____

Decor owned by hotel? _____

DMC

Name: _____

Contact: _____

Is there a DMC located on property? Yes No

Does the DMC offer a hospitality service? Yes No If yes, at what cost? _____

Are there any activities that are usually sold out in the advance that we should consider blocking space prior to arrival? _____

Other Services Offered through DMC: i.e) Photographer, florist etc.

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Transfer & Sightseeing:

Measure the time of transfer from point to point

Airport to Hotel = _____ min. Via taxi, hotel to town = _____ min

What is the approximate cost per taxi from the airport to the hotel? _____

Hotel to out of town sightseeing areas;

1) _____

2) _____

3) _____

4) _____

5) _____

Hotel to points of interest in town;

1) _____

2) _____

3) _____

4) _____

5) _____

Transportation: Scheduled Air _____ Charter _____
Airline Carrier(s) _____

Customs Clearance Procedures: _____

Travel Staff Allowed in Baggage Area: Yes No

Baggage Handling: _____

Bus Staging Area: _____

Special Notes: _____

Accepted Credit Cards _____

Is there a service charge added? Yes No

SITE INSPECTION CHECKLIST

Tour #1:

DAY # _____

1/2 Day Full Day PAX _____

Transportation:	<input type="checkbox"/> Bus - Capacity _____	Air Conditioning _____
	<input type="checkbox"/> Van - Capacity _____	Minimum on Tour _____
	<input type="checkbox"/> Limo - Capacity _____	Maximum on Tour _____

Tour Highlights: _____

Lunch @ _____

Menu Selection: _____

Beverage: _____ Music: _____

Notes: _____

Bathroom changing facilities? Yes No

Tour #2:

DAY # _____

1/2 Day Full Day PAX _____

Transportation:	<input type="checkbox"/> Bus - Capacity _____	Air Conditioning _____
	<input type="checkbox"/> Van - Capacity _____	Minimum on Tour _____
	<input type="checkbox"/> Limo - Capacity _____	Maximum on Tour _____

Tour Highlights: _____

Lunch @ _____

Menu Selection: _____

Beverage: _____ Music: _____

Notes: _____

Bathroom changing facilities? Yes No

SITE INSPECTION CHECKLIST

Miscellaneous Vendors

Name: _____ To Fulfill: _____

Day # _____

Description: _____

Notes: _____

Name: _____ To Fulfill: _____

Day # _____

Description: _____

Notes: _____

Name: _____ To Fulfill: _____

Day # _____

Description: _____

Notes: _____

SITE INSPECTION CHECKLIST

Tour #3:

DAY # _____

1/2 Day Full Day PAX _____

Transportation: Bus - Capacity _____ Air Conditioning _____
 Van - Capacity _____ Minimum on Tour _____
 Limo - Capacity _____ Maximum on Tour _____

Tour Highlights: _____

Lunch @ _____

Menu Selection: _____

Beverage: _____ Music: _____

Notes: _____

Bathroom changing facilities? Yes No

Tour #4:

DAY # _____

1/2 Day Full Day PAX _____

Transportation: Bus - Capacity _____ Air Conditioning _____
 Van - Capacity _____ Minimum on Tour _____
 Limo - Capacity _____ Maximum on Tour _____

Tour Highlights: _____

Lunch @ _____

Menu Selection: _____

Beverage: _____ Music: _____

Notes: _____

Bathroom changing facilities? Yes No

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Off-Site Functions

Function Name: _____

Transfer (Bus/Taxi): _____

Cost for Transfer on Own: _____

Transfer Time: _____

Can Buses pull up within Reasonable Walking Distance? Yes No

Minimum Number of Pax : _____ Maximum: _____

Duration of Function: _____

Noise Restrictions: _____

Bathroom Facilities: _____

Alcohol Allowed: Yes No

Miscellaneous Restrictions: _____

What Guests Need to Provide: _____

Attire: _____

Cancellation Policy: _____