

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)**

	Suites				Suites		
	Y	N	Only		Y	N	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 _____		

## SITE INSPECTION CHECKLIST

Printer                                            -    If Yes, Type \_\_\_\_\_

**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               

Bike                       

Co-ed                      

Complimentary       

Free Weights           

Locker Rooms               

Nautilus                 

Stairmaster            

Treadmill               

#### **Water Sports On Property**

                                 Y      N    off site

Boating                       

Fishing                            

Jet Skiing                     

Parasailing                   

                                 Scuba Diving                           

Windsurfing                  

Snorkeling                    

Water Skiing                 

Other: \_\_\_\_\_

#### **Spa/Salon**

                                 Y      N

Facial                      

Hair Salon                

Manicure                  

Massage                   

Sauna                       

Pedicure                  

Other: \_\_\_\_\_

#### **On Site Recreational Facilities:**

                                 Y      N    off site

Game Room                   

Golf                             

Jacuzzi                        

Pool, Indoor                  

Pool, Outdoor                

Racquetball                  

Tennis                          

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, Closets, Mirrors, Shape) \_\_\_\_\_

Notes: \_\_\_\_\_

Nearest Pay Phone/ Restroom: \_\_\_\_\_

Meeting Charges If Any: \_\_\_\_\_

<b>Meeting Room Checklist</b>					
	<b>Y</b>	<b>N</b>		<b>Y</b>	<b>N</b>
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"/>

## SITE INSPECTION CHECKLIST

Elevator Service	<input type="checkbox"/>	<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Y</b>	<b>N</b>		<b>Y</b>	<b>N</b>
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.  
\_\_\_\_\_  
\_\_\_\_\_



# SITE INSPECTION CHECKLIST

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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:     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 #2:**

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

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

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**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

# SITE INSPECTION CHECKLIST

**SITE INSPECTION CHECKLIST  
DINE-AROUND SELECTION**

Restaurant	Atmosphere	Attire	Type Food	Distance From Hotel	Max Group Size	A La Carte or Mini A La Carte	Private Area Available? Maximum?	Transfer By	Average Meal Cost





# SITE INSPECTION CHECKLIST

## 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: \_\_\_\_\_