

Site Inspection Checklist

Meeting Date(s) including Day(s) _____

Date(s) Flexible? Yes No If yes, alternative date(s) _____

Day Pattern Flexible? Yes No If yes, alternative pattern _____

PROPERTY

Hotel Name _____

Hotel Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Sales Contact Name/Title _____

Contact's Direct Phone (_____) _____ Fax (_____) _____

e-mail address _____

Hotel Website Address _____

AAA Rating _____ Diamonds Mobil Rating _____ Stars

Airport(s) & Distance from Hotel _____

Complimentary Transportation? Yes No Approximate Taxi Fare? _____

Number of Hotel Sleeping Rooms—Total _____ Plus Suites _____

Rooms with King Beds _____ 2 Double Beds _____ Twin Beds _____

% Non-Smoking Rooms _____

Number of Restaurants _____ Number of Lounges _____

Construction Planned Yes No If yes, what and when? _____

ADA Compliant Yes No If no, why not? _____

Rate the following: (1 poor – 5 average – 10 superior)

Lobby Décor _____1 _____2 _____3 _____4 _____5 _____6 _____7 _____8 _____9 _____10

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Lobby Décor _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10

Lobby Seating/Location __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Lobby Condition/Cleanliness __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Restaurant(s) Condition/Cleanliness __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Restaurant(s) Décor __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Restaurant(s) Menu Selection/Pricing __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Restaurant(s) Food Quality __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Public Restrooms Condition/Cleanliness __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Public Restrooms Proximity __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Adequate Security __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Adequate Fire Safety __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Overall Rating __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

SLEEPING ROOMS

Rack Rate Single \$ _____ Double \$ _____ Suite \$ _____

Group Rate Single \$ _____ Double \$ _____ Suite \$ _____

Complimentary Rooms _____ per _____ Per Night ___ Cumulative

Plus Over and Above _____

Room Tax _____ % plus additional per night, if applicable \$ _____

Room Block by Day:

Day _____ Number of Rooms _____

Day _____ Number of Rooms _____

Day _____ Number of Rooms _____

Day _____ Number of Rooms _____

Cut-Off Date _____ Days Out _____

Rates available after cut-off date ف Yes ف No

Work Space/Desk ___ Yes ___ No Dataport ___ Yes ___ No Sitting Area ___ Yes ___ No

Rate the following: (1 poor – 5 average – 10 superior)

Proximity to Meeting Space __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Décor __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Condition/Cleanliness __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

General Amenities __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Bathroom Condition/Cleanliness __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Bathroom Amenities __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Overall Rating __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

MEETING ROOMS

Space Available on requested dates ف Yes ف No *Attach meeting schedule and space held.*

Room Rental Charge \$ _____

Set-Up Charge \$ _____

Rate the following: (1 poor – 5 average – 10 superior)

Proximity to Sleeping Rooms __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Condition/Cleanliness __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Soundproofing __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Décor __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Lighting __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Heating/Ventilation __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Sound System __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Elevators number/proximity __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Public Telephones number/proximity __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Restroom cleanliness __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Restroom proximity __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

Overall Rating __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10__

FOOD & BEVERAGE

Approximate Cost for Continental Breakfast \$ _____/person

 Full Breakfast \$ _____/person

 Lunch \$ _____/person

 Dinner \$ _____/person

 Coffee \$ _____/person

Service Charge _____% Tax _____%

Guarantees needed by _____ days Overset guarantee by _____%

Any special packages _____

AUDIO/VISUAL

In-house audio/visual company _____ Esclusive Yes No

Slide projector \$ _____ Overhead Projector \$ _____

Data projector \$ _____ Screen \$ _____

Labor rates \$ _____

Union Rules Yes No If yes, what are the requirements _____

Rate the following: (1 poor – 5 average – 10 superior)

Equipment availability __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10

Equipment condition __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10

Equipment price __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10

Overall Rating __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10

SERVICE & AMENITIES

Business Center Yes No Hours _____

Parking Yes No Cost per day \$ _____

Fitness Center Yes No Complimentary for guests Yes No If no, cost \$ _____

Pool Yes No Indoor Outdoor

Other _____

Rate the following: (1 poor – 5 average – 10 superior)

Overall Rating __1__ __2__ __3__ __4__ __5__ __6__ __7__ __8__ __9__ __10

FACILITY POLICIES

Cancellation Penalty by date _____ \$ _____

Attrition Penalty by date _____ and _____%

Deposit by date _____ \$ _____

