

SITE INSPECTION CHECKLIST

Site Inspection Date: _____

Completed by: _____

MEETING

Group _____

Address _____

City _____ State _____ Zip _____

Meeting Name _____

Type of Meeting? Convention Conference/Seminar Professional/Business Consumer

Committee/Board Incentive City-Wide Trade Show Special Events

Other _____

Meeting Date(s) including Day(s) _____

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

Meeting Planner _____

Planner's Company (if different than group's) _____

Planner's Address (if different than group's) _____

City _____ State _____ Zip _____

Planner's Phone () _____ Planner's Fax () _____

Planner's E-mail _____

PROPERTY

Property Name _____

Property Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Sales Contact Name/Title _____

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

Property Website Address _____

AAA Rating _____ Diamonds Mobil Rating _____ Stars

Airport(s) & Distance from Hotel _____

Complimentary Transportation? Yes No Approximate Taxi Fare \$ _____

Type of Property? Hotel Resort Downtown Airport Suburban Conference Center

Convention Center Restaurant/Banquet Facility Other _____

SITE INSPECTION CHECKLIST (CONT'D)

Number of Hotel Sleeping Rooms - Total _____ Plus Suites _____

Rooms with King Beds _____ 2 Double Beds _____ Twins _____

% 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

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

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

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

SITE INSPECTION CHECKLIST (CONT'D)

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 per Day:

Day _____ Number of Rooms _____

Day _____ Number of Rooms _____

Day _____ Number of Rooms _____

Day _____ Number of Rooms _____

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 Yes 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

Decor 1 2 3 4 5 6 7 8 9 10

Condition/Cleanliness 1 2 3 4 5 6 7 8 9 10

Square Footage of Room 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

SITE INSPECTION CHECKLIST (CONT'D)

MEETING ROOMS

Space Available on requested dates Yes 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Condition/Cleanliness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Soundproofing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Decor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Ceiling Height	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Lighting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Heating/Ventilation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Sound System	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Equipment (e.g. tables, chairs)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Elevators number/proximity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Public Telephones number/proximity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Restroom Cleanliness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Restroom proximity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Overall Rating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

FOOD & BEVERAGE

Approximate Cost for Continental Breakfast \$ _____ / person

Full Breakfast \$ _____ / person

Lunch \$ _____ / person

Dinner \$ _____ / person

Coffee \$ _____ / gallon

Service Charge _____ % Tax _____ %

Guarantees needed by _____ days Overset guarantee by _____ %

Any special packages _____

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

Presentation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Menu Selections	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Menu Prices	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Creativity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Willing to Divert from Menu	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
Overall Rating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

SITE INSPECTION CHECKLIST (CONT'D)

AUDIO-VISUAL

In-house audio/visual company _____ Exclusive 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 \$ _____

Golf on Premises Yes No Tennis on Premises Yes No

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 _____ \$ _____

