Housekeeping Inspection Checklist

Repeatable room checks for cleanliness, readiness and defects.

Property: _____ Date / Shift: _____

Checklist item / field	Status / details
Room number, inspected by and inspection time	_____
Bed linen, surfaces, dust and floors	_____
Bathroom, mirrors, fixtures and amenities	_____
Waste removal and replenishment	_____
Lights, air conditioning, TV and safety equipment	_____
Maintenance defect description and owner	_____
Pass, re-clean or out-of-service decision	_____

Exceptions, follow-up owner, due time:

_____

Reviewed by: _____ Follow-up date: _____

Adapt to your property procedures and local requirements. This is an illustrative operational aid, not a mandatory standard.