

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 Event

Other _____

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 _____

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 _____

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 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 |
| Lobby Seating/Location | <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 |
| Lobby 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 |
| Restaurant(s) 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 |
| Restaurant(s) Décor | <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 |
| Restaurant(s) Menu Selection/Pricing | <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 |
| Restaurant(s) Food Quality | <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 Restrooms 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 |
| Public Restrooms 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 |
| Lobby 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 |
| Lobby Seating/Location | <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 |
| Adequate Security | <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 |
| Adequate Fire Safety | <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 |

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 _____

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

MEETING ROOMS

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

Room Rental Charge \$ _____

Set-Up Charges \$ _____

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
- Ceiling Height 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
- Equipment (e.g. tables, chairs) 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 \$ _____/gallon

Service Charge _____% Tax _____%

Guarantees needed by _____ days Overset guarantee by _____%

Any special packages _____

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

- Presentation 1 2 3 4 5 6 7 8 9 10
- Menu Selections 1 2 3 4 5 6 7 8 9 10
- Menu Prices 1 2 3 4 5 6 7 8 9 10
- Creativity 1 2 3 4 5 6 7 8 9 10
- Willing to Divert from Menu 1 2 3 4 5 6 7 8 9 10
- Overall Rating 1 2 3 4 5 6 7 8 9 10

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 _____ \$ _____

ESTIMATED EXPENSES OF MEETING FOR THIS SITE

Sleeping Room Expenses	\$ _____
Meeting Room Expenses	\$ _____
Food & Beverage Expenses	\$ _____
A/V & Other Equipment Expenses	\$ _____
Travel Expenses	\$ _____
Other Meeting Expenses	\$ _____
TOTAL ESTIMATED EXPENSES	\$ _____

NOTES
