



Event Planning Checklist: Hotel Function & Guest Experience Audit

 Show only Checklist

Display Style
Default 

Pre-Event Coordination

Tasks related to initial planning and communication with the hotel.

Event Booking Confirmation Date

Enter date...

Contact Person at Hotel

- ☐ Front Desk
- ☐ Event Coordinator
- ☐ Sales Manager



Contact Person's Phone Number

Write something...

Event Contract Number

Write something...

Key Details from Event Contract (e.g., room rental, services)

Write something...

Estimated Number of Attendees

Enter a number...

Room Type/Configuration Confirmed

- ☐ Ballroom
- ☐ Conference Room
- ☐ Suite
- ☐ Other

Scheduled Pre-Event Meeting Time

Enter time...

Venue Setup & Logistics

Checks for room layout, equipment, and accessibility.

Room Capacity (Confirmed)

Enter a number...

Room Layout Configuration

☐ Theater

☐ Classroom

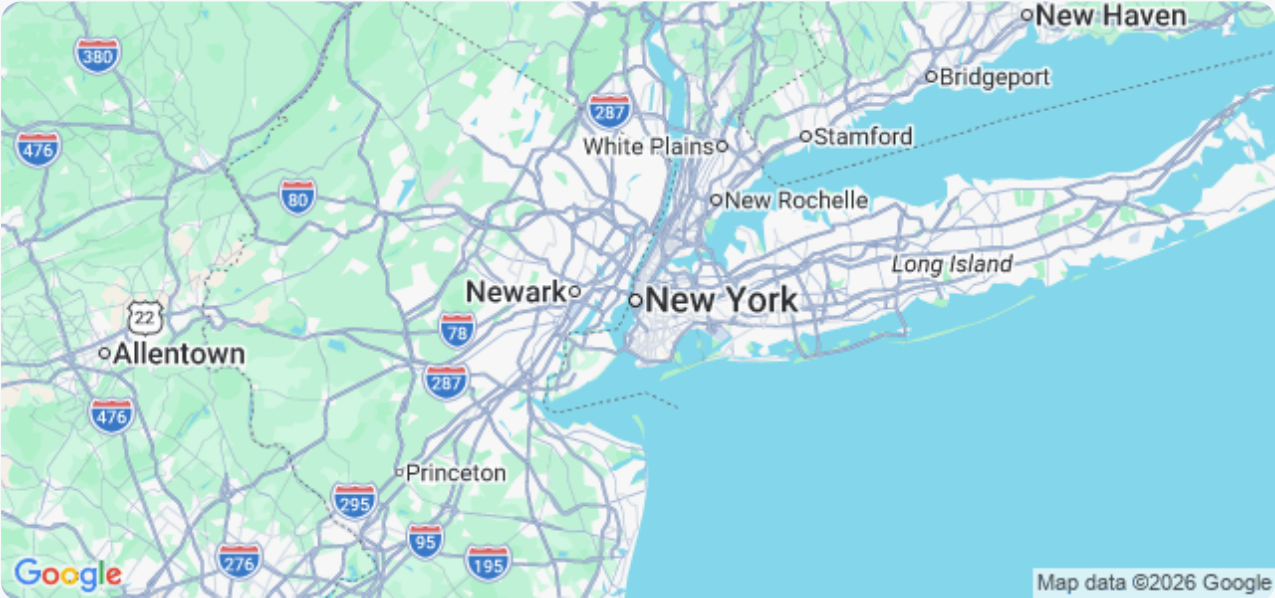
☐ Conference

☐ U-Shape

☐ Banquet

Stage/Podium Location

Set My Current Location

A Google Map of the New York City metropolitan area. The map shows major highways (Interstates 287, 80, 78, 295, 95, 195, 476, 380, 276) and city names including New Haven, Bridgeport, Stamford, New Rochelle, Long Island, New York, Newark, White Plains, Allentown, and Princeton. The map data is attributed to ©2026 Google.

Setup Completion Time

Enter date...

Scheduled Tear-Down Start Time

Enter time...

Special Setup Instructions (e.g., draping, furniture placement)

Write something...

Required Furniture (Check all that apply)

- ☐ Tables
- ☐ Chairs
- ☐ Podium
- ☐ Projector Screen
- ☐ Microphones

Room Layout Diagram (If Available)

 Upload File

Audio-Visual & Technical Equipment

Ensuring functionality and proper setup of all AV components.

Projector Brightness (Lumens)

Enter a number...

Microphone Type

- ☐ Wireless
- ☐ Wired
- ☐ Lapel

Scheduled AV Equipment Testing Time

Enter time...

Notes on specific AV setup requests

Write something...

Needed Cables/Adapters

- ☐ HDMI
- ☐ VGA
- ☐ Audio Cable
- ☐ Power Adapter

Speaker System Configuration

- ☐ Surround Sound
- ☐ Stereo
- ☐ Mono

Last AV Equipment Maintenance Date

Catering & Food Service

Confirmation of menu, dietary restrictions, and service quality.

Confirmed Guest Count

Dietary Restrictions (Check all that apply)

- ☐ Vegetarian
- ☐ Vegan
- ☐ Gluten-Free
- ☐ Dairy-Free
- ☐ Nut Allergy
- ☐ Other (Specify)

Specific Dietary Requirements/Allergies (Details)

Write something...

Menu Selection Confirmation

- ☐ Confirmed - Standard Menu
- ☐ Confirmed - Customized Menu
- ☐ Pending Approval

Scheduled Food Delivery/Service Time

Enter date...

Final Food Service Time Confirmation

Enter time...

Beverage Service Type

- ☐ Full Bar
- ☐ Limited Bar
- ☐ Non-Alcoholic Only

Notes on food presentation and set-up requirements.

Write something...

Guest Arrival & Registration

Smooth check-in process and guest support.

Number of Early Arrivals

Enter a number...

Check-in Speed (Estimate)

- ☐ Very Slow
- ☐ Slow
- ☐ Average
- ☐ Fast
- ☐ Very Fast

Guest Comments/Special Requests Noted

Write something...

Room Key Distribution Method

- ☐ Physical Keys
- ☐ Mobile Key
- ☐ Other

Date of Arrival

Enter date...

Time of Arrival

Enter time...

Guest Assistance Needed (Check all that apply)

- ☐ Wheelchair Assistance
- ☐ Luggage Assistance
- ☐ Directions
- ☐ Other

Event Execution & Management

Monitoring the event's flow and addressing any issues.

Scheduled Start Time

Enter time...

Actual Attendance vs. Expected Attendance

Enter a number...

AV Technician Presence?

- ☐ Yes
- ☐ No

Issues Encountered During Event?

- ☐ Audio Issues
- ☐ Catering Delays
- ☐ Venue Temperature
- ☐ Technical Glitches
- ☐ Other

Details of 'Other' Issue (if selected)

Write something...

Actual Event End Time

Enter time...

Summary of Event Flow & Observations

Write something...

Post-Event Clean-Up & Inspection

Confirming the venue is left in the agreed-upon condition.

Room Damage Assessment Score (1-5)

Trash and Recycling Bins Status

- ☐ Empty & Clean
- ☐ Partially Full
- ☐ Overflowing
- ☐ Not Present

Detailed Notes on any Damage or Issues

Date of Final Inspection

Time of Final Inspection

Overall Cleanliness Rating (Excellent, Good, Fair, Poor)

☐ Excellent☐ Good☐ Fair☐ Poor

Photos of Post-Event Condition (Optional)

Guest Satisfaction & Feedback

Collecting guest feedback and identifying areas for improvement.

Overall Satisfaction (1-10)

Staff Friendliness

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Fair
- ☐ Poor

Room Cleanliness

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Fair
- ☐ Poor

What did you enjoy most about your experience?

Write something...

What could we have done better?

Write something...

Would you recommend our hotel to others?

- ☐ Yes
- ☐ No

Optional: Upload any photos related to your experience (e.g., room, venue)

 Upload File

Safety & Security

Ensuring the safety and security of all attendees and property.

Emergency Exit Routes Clearly Marked?

- ☐ Yes
- ☐ No
- ☐ N/A

Number of Security Personnel Present

Enter a number...

Fire Extinguishers Inspected and Current?

- ☐ Yes
- ☐ No
- ☐ N/A

Security Risks Assessed (Select all that apply)

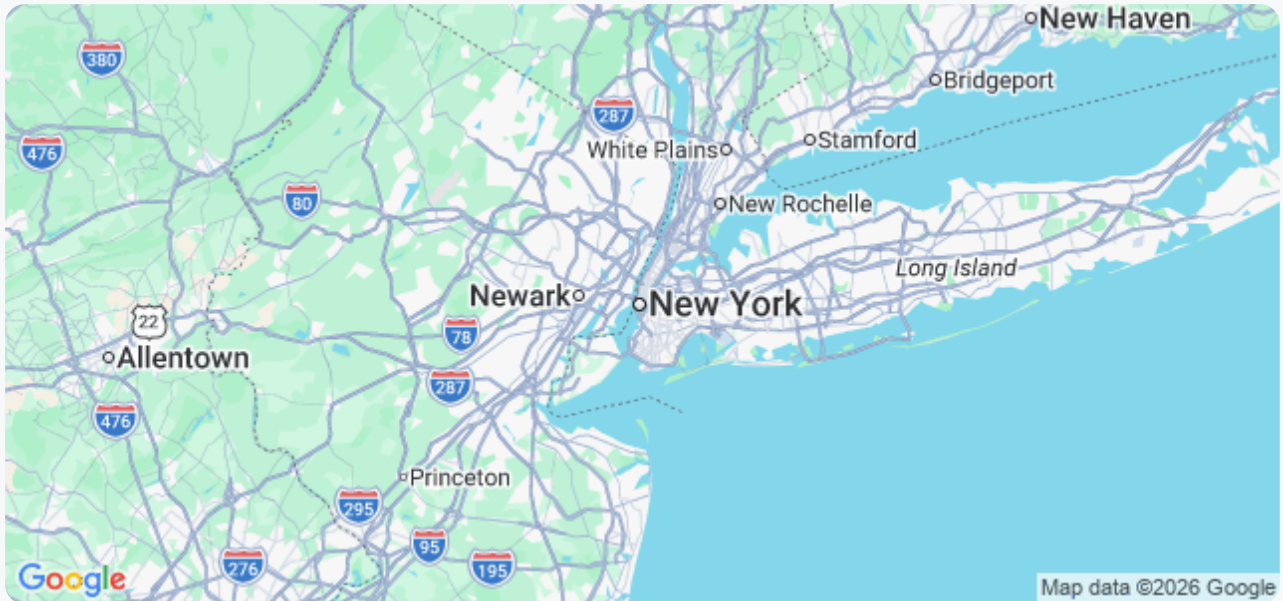
- ☐ Crowd Control
- ☐ Theft
- ☐ Fire Hazard
- ☐ Medical Emergency
- ☐ External Threats

Last Security Personnel Training Date

Enter date...

Location of First Aid Kit

 [Set My Current Location](#)



Any Security Incidents Reported?

Write something...

Hotel Staff Training & Briefing

Confirmation of staff awareness and preparedness for the event.

Briefing Summary Review

Write something...

Understanding of Event Flow

- ☐ Fully Understand
- ☐ Partially Understand
- ☐ Need Further Clarification

Number of Event Attendees Confirmed

Enter a number...

Key Event Contacts & Responsibilities

- ☐ Event Planner
- ☐ Catering Manager
- ☐ Security Personnel
- ☐ Audio-Visual Technician

Date of Last Safety Training

Enter date...

Scheduled Break Times During Event

Enter time...

Familiarity with Emergency Procedures

- ☐ Fully Familiar
- ☐ Partially Familiar
- ☐ Not Familiar