

# Event Planning Checklist: Hotel Function & Guest Experience Audit

 Show only Checklist

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## 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)

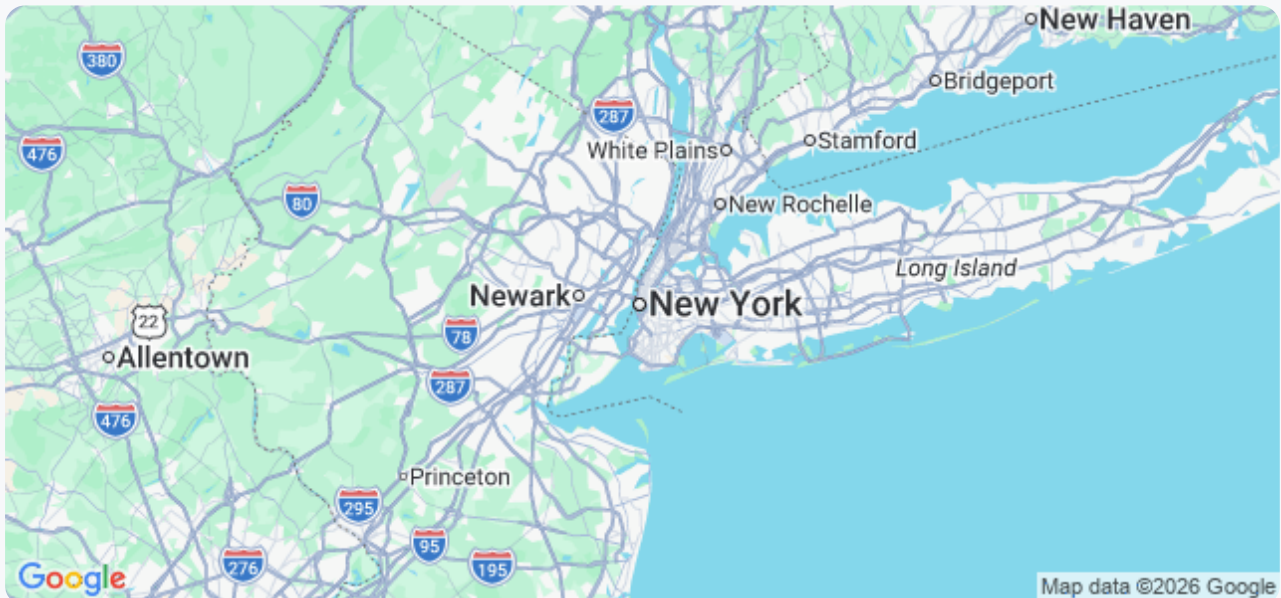
Enter a number...

### Room Layout Configuration

- Theater
- Classroom
- Conference
- U-Shape
- Banquet

### Stage/Podium Location

[📍 Set My Current Location](#)



### 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)

## Microphone Type

Wireless

Wired

Lapel

## Scheduled AV Equipment Testing Time

## Notes on specific AV setup requests

### Needed Cables/Adapters

- HDMI
- VGA
- Audio Cable
- Power Adapter

### Speaker System Configuration

- Surround Sound
- Stereo
- Mono

### Last AV Equipment Maintenance Date

Enter date...

## Catering & Food Service

Confirmation of menu, dietary restrictions, and service quality.

### Confirmed Guest Count

Enter a number...

### **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)

[Upload File](#)

## 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)

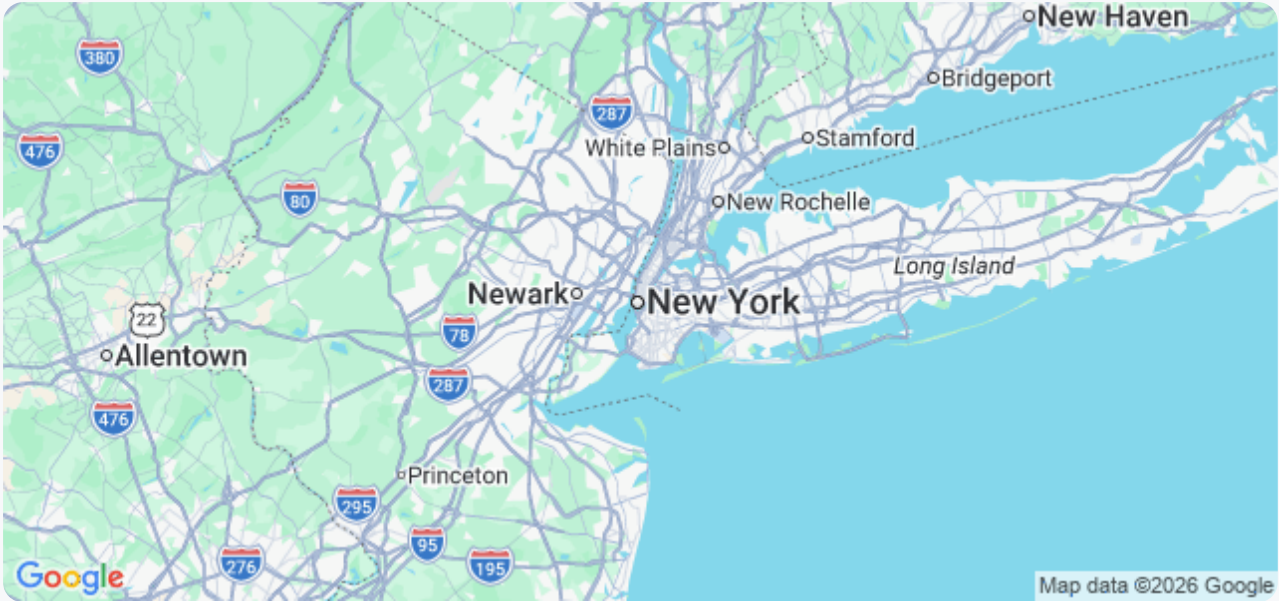
- Crowd Control
- Theft
- Fire Hazard
- Medical Emergency
- External Threats

### 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