



Event Planning Checklist: Hotel Function & Guest Experience Audit

Pre-Event Coordination

Tasks related to initial planning and communication with the hotel.

Event Booking Confirmation Date

Contact Person at Hotel

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

Contact Person's Phone Number

Event Contract Number

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

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


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

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

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

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

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

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

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)

Enter a number...

Trash and Recycling Bins Status

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

Detailed Notes on any Damage or Issues

Write something...

Date of Final Inspection


Enter date...

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)

Enter a number...

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

Familiarity with Emergency Procedures

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