

Guest Amenity Replenishment & Stock

Daily/Turnaround Checks (Per Room/Unit)

Immediate replenishment and visual check during room turnover or daily housekeeping.

| Small Soap Bars Remaining |
|---|
| Enter a number |
| |
| Shampoo Bottles (oz) Remaining |
| Enter a number |
| |
| Conditioner Bottles (oz) Remaining |
| Enter a number |
| |
| Towels - Condition (Check All That Apply) |
| Clean |
| Stained |
| ☐ Torn |
| Missing |
| Damaged |
| |

| Coffee Pods/Bags Remaining Full Half Low Empty |
|--|
| Water Bottles Remaining Full Half Low Empty |
| Notes/Issues Write something Bathroom Amenities |
| ocuses on soaps, shampoos, conditioners, lotions, and related items. |
| Shampoo Bottles (Per Room) |
| Enter a number |
| Conditioner Bottles (Per Room) |
| Enter a number |

| Enter a number | |
|----------------------------------|--|
| | |
| Lotion Bottles (Per Room) | |
| Enter a number | |
| | |
| Shampoo Scent | |
| Citrus | |
| Floral Unscented | |
| Other | |
| | |
| Conditioner Type | |
| Hydrating | |
| Repairing | |
| Volumizing | |
| Unscented | |
| Hand Soap Refills (in dispenser) | |
| Enter a number | |
| | |
| Notes on Bathroom Amenities | |
| Write something | |
| white sumething | |

Toiletries & Personal Care

Includes items like razors, shaving cream, cotton swabs, and makeup remover wipes.

| Shaving Razors (Current Stock) | |
|--|--|
| Enter a number | |
| Shaving Cream/Gel (Current Stock) | |
| Enter a number | |
| Cotton Swabs (Current Stock) | |
| Enter a number | |
| Makeup Remover Wipes (Current Stock) | |
| Enter a number | |
| Razor Type (Standard/Sensitive/etc.) | |
| ☐ Standard☐ Sensitive | |
| Single Blade | |
| Other | |
| Condition of Amenities | |
| Good | |
| ☐ Fair ☐ Poor | |
| | |

| Write something. | | |
|----------------------------|---|--------|
| | | |
| | | |
| | | |
| offee/Tea | Station | |
| necking and resto | cking coffee, tea, sugar, creamer, and related supp | olies. |
| | | |
| Coffee Pods/Gr | ound Coffee (Units) | |
| Enter a number | | |
| | | |
| | | |
| Tea Bags (Total | | |
| Enter a number | | |
| | | |
| Tea Flavors Ava | ilahle | |
| Black Tea | | |
| Green Tea | | |
| Herbal Tea | | |
| Decaffeinated ⁻ | ea | |
| | | |
| Sugar Packets | | |
| Enter a number | | |
| | | |
| | | |
| Creamer (Indivi | lual Portions) | |
| | | |

| Creamer Type | |
|---|--|
| ☐ Milk ☐ Non-Dairy (Almond, Soy, Oat) | |
| Sugar-Free | |
| Stir Sticks/Spoons | |
| Enter a number | |
| Notes/Observations (e.g., machine cleanliness, flavor preferences) | |
| Write something | |
| | |
| later & Beverages | |
| Ater & Beverages plenishing bottled water, juice, sodas, or other beverages provided. Bottled Water - Per Room Count | |
| plenishing bottled water, juice, sodas, or other beverages provided. | |
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| Bottled Water - Per Room Count Enter a number | |
| Bottled Water - Per Room Count Enter a number Canned Soda - Per Room Count | |
| Bottled Water - Per Room Count Enter a number Canned Soda - Per Room Count Enter a number | |

| Coffee Pods/Packets - Per Room Count | |
|---|--|
| Enter a number | |
| | |
| Tea Bags - Per Room Count | |
| Enter a number | |
| Water Brand Preference (if applicable) | |
| ☐ Brand A | |
| ☐ Brand B ☐ No Preference | |
| | |
| Ice Machine Capacity (approx. lbs) | |
| Enter a number | |
| Last Ice Machine Maintenance Date | |
| Enter date | |
| | |
| Snacks & Refreshments | |
| nsuring availability of provided snacks like cookies, nuts, or fruit. | |
| Chocolate/Cookie Count (Per Room) | |
| Enter a number | |

| Bottled Water Count (Per Mini-fridge) | |
|---|--|
| Enter a number | |
| | |
| Fruit (e.g., Apples, Oranges) Count (Per Room/Unit) | |
| Enter a number | |
| | |
| Snack Type Offered (e.g., Nuts, Pretzels) | |
| Nuts | |
| Pretzels | |
| Crackers | |
| Granola Bars | |
| Popcorn | |
| Other - Please Specify | |
| | |
| | |
| If 'Other' Snack Type Selected, Please Specify: | |
| Write something | |
| | |
| | |
| | |
| Ice Packs Available (Per Area/Cart) | |
| Enter a number | |
| | |

| Dietary Restriction Options Available | |
|---|--|
| Gluten-Free | |
| Vegan | |
| Dairy-Free | |
| Nut-Free | |
| Sugar-Free | |
| | |
| Snack Display Condition | |
| Clean and Appealing | |
| Requires Cleaning | |
| ■ Needs Replacement | |
| inens & Guest Supplies ddressing towels, washcloths, robes, slippers, and other textile items. | |
| | |
| ddressing towels, washcloths, robes, slippers, and other textile items. | |
| Bath Towels Per Room Enter a number | |
| ddressing towels, washcloths, robes, slippers, and other textile items. Bath Towels Per Room | |
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| ddressing towels, washcloths, robes, slippers, and other textile items. Bath Towels Per Room Enter a number Hand Towels Per Room | |
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| Enter a number | | |
|--|---------|--|
| Robes - Condition | | |
| Clean & Folded | | |
| Needs Cleaning | | |
| Damaged/Repair Needed | | |
| Slippers - Condition | | |
| Clean & Usable | | |
| Needs Cleaning | | |
| ☐ Damaged/Replace | | |
| Extra Pillow Count Per Roe Enter a number | om | |
| Notes on Linen Quality/Co | ndition | |
| Write something | | |
| | | |
| eneral Supplies | | |

Enter a number...

| Pens - Quantity | |
|---|----|
| Enter a number | |
| Chan Baliah Olatha Overtite | |
| Shoe Polish Cloths - Quantity | |
| Enter a number |) |
| Stationery Items Required (Specify) | |
| Envelopes | |
| Postcards | |
| Maps | |
| Guest Information Sheets | |
| Other (Specify in LONG_TEXT) | |
| | |
| If 'Other' selected above, please specify: | |
| Write something | |
| | |
| |). |
| | |
| Ice Packs - Quantity | |
| Enter a number | |
| | |
| | |
| Ice Pack Condition (Each) | |
| Good Needs Perlacement | |
| Needs Replacement□ Damaged | |
| | |

| Enter a number | |
|--|--------------|
| Seasonal & Special Occasion Items | |
| ems unique to specific seasons, promotions, or guest requests. | |
| Seasonal Amenity (e.g., Summer) | |
| Summer (Beach Towels, Sunscreen) | |
| Winter (Warm Socks, Hot Chocolate Mix) | |
| Spring (Allergy Relief Items) | |
| Autumn (Pumpkin Spice Amenities) | |
| None - Standard | |
| Quantity of Holiday Decorations | |
| Enter a number | |
| Date of Holiday/Event Requiring Special Amenities | |
| Enter date | |
| | |
| Details of Special Guest Request (e.g., Dietary Restrictions | s, Birthday) |
| Write something | |
| | |

| Special Occasion Type Birthday Anniversary Honeymoon Romantic Getaway Business Event Other Image of Special Amenity/Decoration (Optional) Upload File Specific details/instructions for special amenities requested by the guest Write something |
|---|
| Honeymoon Romantic Getaway Business Event Other Image of Special Amenity/Decoration (Optional) Lipload File Specific details/instructions for special amenities requested by the guest |
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| Write something |
| |
| Stockroom/Pantry Inventory Periodic checks and ordering of bulk supplies to maintain adequate levels. |
| Current Stock Level - Shampoo (Large Bottles) |
| Enter a number |
| Reorder Point - Soap Bars |
| Enter a number |

| Quantity Ordered Last Time - Coffee Pods |
|--|
| Enter a number |
| |
| Vendor Preference for Toilet Paper |
| ☐ Vendor A |
| ☐ Vendor B |
| ☐ Vendor C |
| |
| Date of Last Stockroom Audit |
| Enter date |
| |
| Notes on Current Stock Levels or Upcoming Needs |
| Write something |
| Write Something |
| |
| |
| Estimated Days of Stock on Hand - Conditioner |
| Enter a number |
| |
| Current Status of Water Bottle Supplier Contract |
| Active |
| Expiring Soon |
| Expired |
| |

Attach Last Stockroom Inventory Sheet

