



Hotel Room Cleaning Checklist Template

 Show only Checklist

Display Style
Default 

Arrival & Initial Assessment

Check for guest belongings, noting any damages or maintenance needs before cleaning begins.

Room Number

Enter a number...

Guest Belongings Found (if any)

Write something...



Visible Damage or Issues (Initial Observation)

Write something...

Previous Guest Status

- ☐ Checked Out
- ☐ Stayed Extended
- ☐ Evicted

Room Type

- ☐ Standard
- ☐ Deluxe
- ☐ Suite

Date of Initial Assessment

Enter date...

Bedding & Linens

Inspect and replace sheets, pillowcases, blankets, comforters, and shaggy rugs. Ensure proper folding and placement.

Sheet Condition

- ☐ Excellent
- ☐ Good
- ☐ Fair - Stain/Tear
- ☐ Replace

Pillowcase Condition

- ☐ Excellent
- ☐ Good
- ☐ Fair - Stain/Tear
- ☐ Replace

Comforter/Duvet Condition

- ☐ Excellent
- ☐ Good
- ☐ Fair - Stain/Tear
- ☐ Replace

Pillow Count

Linen Issues?

- ☐ Stains
- ☐ Tears
- ☐ Discoloration
- ☐ Odors
- ☐ None

Photo of Linen Issue (if applicable)

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Bathroom Cleaning

Clean and disinfect toilet, shower/tub, sink, and floor. Replenish toiletries.

Toilet Cleanliness

- ☐ Clean
- ☐ Needs Attention

Shower/Tub Condition

- ☐ Clean
- ☐ Mildew Present
- ☐ Needs Deep Cleaning

Toiletries Replenished (Soap)

Toiletries Replenished (Shampoo/Conditioner)

Mirror Cleanliness

- ☐ Clean
- ☐ Smudged
- ☐ Streaks

Notes on Bathroom Cleaning

Write something...

Floor Condition

- ☐ Clean
- ☐ Water Spots
- ☐ Hair/Debris

Number of Towels Replenished

Enter a number...

Surface Cleaning

Dust and wipe down all surfaces including furniture, lamps, and window sills.

Dust Furniture (tops, sides, undersides)

Write something...

Wipe Down Surfaces (desks, nightstands, dressers)

Write something...

Clean Window Sills and Frames

Write something...

Number of Dust Cloths Used

Enter a number...

Surface Cleaner Used (if applicable)

- ☐ All-Purpose Cleaner
- ☐ Specialized Wood Cleaner
- ☐ None

Note any specific cleaning needed (e.g., stain removal)

Write something...

Floor Care

Vacuum or mop floors according to hotel standards. Spot clean stains as needed.

Floor Type

- ☐ Carpet
- ☐ Hardwood
- ☐ Tile
- ☐ Vinyl

Cleaning Method

- ☐ Vacuuming
- ☐ Mopping
- ☐ Spot Cleaning

Vacuuming Passes

Enter a number...

Spot Cleaning Notes

Write something...

Dampness Level (Mopping)

- ☐ Dry
- ☐ Slightly Damp
- ☐ Damp

Floor Condition Notes

Write something...

Amenities & Replenishments

Replenish coffee/tea supplies, water, ice, and other amenities. Check and restock mini-bar (if applicable).

Coffee Pods Remaining

Enter a number...

Teabags Remaining

Enter a number...

Bottled Water (Remaining)

Enter a number...

Ice Cups (Remaining)

Enter a number...

Mini-Bar Restock Required?

☐ Yes

☐ No

Mini-Bar Restock Notes (if required)

Write something...

Toiletries - Shampoo

☐ Full

☐ Low

☐ Empty

Toiletries - Conditioner

☐ Full

☐ Low

☐ Empty

Electronics & Functionality

Test TV, lamps, outlets, HVAC system, and telephone. Report any malfunctions.

TV Functionality

- ☐ Working
- ☐ No Power
- ☐ No Signal
- ☐ Malfunctioning

HVAC System

- ☐ Working Properly
- ☐ Cooling
- ☐ Heating
- ☐ Not Working

Lamp Functionality

- ☐ Working
- ☐ Not Working

Telephone Functionality

- ☐ Working
- ☐ No Dial Tone
- ☐ Malfunctioning

Outlet Test - # of Working Outlets

Final Inspection & Details

Check for overall cleanliness, remove trash, straighten furniture, and ensure all tasks are completed.

Room Number Verified

Overall Cleanliness Rating

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Needs Improvement

Missing Amenities

- ☐ Toiletries
- ☐ Towels
- ☐ Coffee/Tea Supplies
- ☐ Water Bottles
- ☐ Other

Notes/Comments

HVAC Functionality

- ☐ Working Properly
- ☐ Needs Adjustment
- ☐ Malfunctioning

TV Functionality

- ☐ Working Properly
- ☐ Needs Adjustment
- ☐ Malfunctioning

Maintenance Requests

Document and report any maintenance issues requiring attention (e.g., leaky faucet, broken furniture).

Detailed Description of Issue

Write something...

Severity (1-5, 1=Minor, 5=Urgent)

Enter a number...

Affected Area (e.g., Bathroom, Bedroom, Balcony)

- ☐ Bathroom
- ☐ Bedroom
- ☐ Kitchenette
- ☐ Balcony/Patio
- ☐ Living Room
- ☐ HVAC
- ☐ Other

Date of Observation

Enter date...

Time of Observation

Enter time...

Supporting Photos/Videos (Optional)

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