



Hotel Room Maintenance Checklist Template

 Show only Checklist

Display Style
Default 

Arrival/Daily Walkthrough

Initial assessment of room condition upon guest arrival or during daily checks.

Date of Walkthrough

Enter date...

Time of Walkthrough

Enter time...



Overall Room Condition

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

Detailed Notes on Room Condition

Write something...

Visible Issues (Check all that apply)

- ☐ Dust/Dirt
- ☐ Stains
- ☐ Damage
- ☐ Odors
- ☐ Noise

Room Number

Enter a number...

HVAC System

Inspection and maintenance of heating, ventilation, and air conditioning.

Room Temperature (Fahrenheit)

Enter a number...

Supply Air Temperature (Fahrenheit)

Enter a number...

Return Air Temperature (Fahrenheit)

Enter a number...

Filter Condition

- ☐ Clean
- ☐ Slightly Dirty
- ☐ Dirty - Replace
- ☐ Very Dirty - Replace

Last Filter Change Date

Enter date...

Time of Inspection

Enter time...

Noise Level

- ☐ Normal
- ☐ Slightly Noisy
- ☐ Excessively Noisy

Notes and Observations

Write something...

Plumbing

Checks for leaks, proper drainage, and functionality of fixtures.

Water Pressure (PSI)

Enter a number...

Faucet Functionality

- ☐ Working Properly
- ☐ Dripping
- ☐ Low Flow
- ☐ Broken

Toilet Flush Performance

- ☐ Flushing Properly
- ☐ Weak Flush
- ☐ Clogged
- ☐ Running

Drainage Time (seconds)

Enter a number...

Shower Head Condition

- ☐ Good
- ☐ Clogged
- ☐ Leaking

Notes on any leaks or unusual noises

Write something...

Electrical

Verification of lighting, outlets, and appliances; safety checks.

Outlet Voltage (V)

Enter a number...

Lamp Wattage (W)

Enter a number...

Light Fixture Condition

- ☐ Working
- ☐ Dim
- ☐ Not Working
- ☐ Damaged

Outlet Functionality

- ☐ Working
- ☐ Not Working
- ☐ Sparking
- ☐ Loose

Last Electrical Inspection Date

Enter date...

Notes on Electrical Condition

Write something...

Smoke Detector Status

- ☐ Working (Green Light)
- ☐ Low Battery (Yellow Light)
- ☐ Not Working (No Light)

Furniture & Fixtures

Inspection of beds, chairs, tables, lamps, and other furniture for damage or wear.

Bed Frame Condition (1-5, 1=Excellent, 5=Damaged)

Enter a number...

Chair Upholstery Condition

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Needs Replacement

Lamp Functionality (1-5, 1=Working, 5=Broken)

Enter a number...

Desk/Table Surface Notes

Write something...

TV Functionality

- ☐ Working
- ☐ No Picture
- ☐ No Sound
- ☐ Remote Issue
- ☐ Needs Repair

Mirror Condition (1-5, 1=Perfect, 5=Cracked)

Enter a number...

Bathroom

Detailed inspection of shower/tub, toilet, sink, and accessories.

Water Pressure (PSI)

Enter a number...

Showerhead Condition

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

Toilet Flush Function

- ☐ Normal
- ☐ Weak
- ☐ Leaking
- ☐ Running

Sink Drain Time (seconds)

Enter a number...

Notes on Tile/Grout Condition

Write something...

Mirror Condition

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

Last Grout Cleaning Date

Enter date...

Window & Door Security

Verification of locks, window operation, and overall security.

Window Lock Status

- ☐ Functional
- ☐ Malfunctioning
- ☐ Missing

Door Lock Status

- ☐ Functional
- ☐ Malfunctioning
- ☐ Missing

Window Hinge Condition (1-5, 1=Excellent, 5=Poor)

Enter a number...

Door Frame Condition (1-5, 1=Excellent, 5=Poor)

Enter a number...

Notes on Window/Door Security

Write something...

Deadbolt Functionality

- ☐ Working
- ☐ Stiff/Difficult to Operate
- ☐ Not Present

Last Security Inspection Date

Enter date...

Cleaning Supplies & Amenities

Check stock levels and replenish as needed.

Shampoo Bottles Remaining

Enter a number...

Conditioner Bottles Remaining

Soap Bars Remaining

Toilet Paper Rolls Remaining

Coffee Pods Type

- ☐ Regular
- ☐ Decaf
- ☐ Specialty Blend

Coffee Pods Remaining

Replenish Amenities

- ☐ Shampoo
- ☐ Conditioner
- ☐ Soap
- ☐ Lotion
- ☐ Coffee

Repairs & Follow-Up

Documentation of any necessary repairs and tracking of completion.

Repair Description

Write something...

Priority Level (1-5, 1=High)

Enter a number...

Date Reported

Enter date...

Estimated Completion Date

Enter date...

Assigned Technician

- ☐ Technician A
- ☐ Technician B
- ☐ Technician C

Technician Notes/Updates

Write something...

Status

- ☐ Open
- ☐ In Progress
- ☐ Completed
- ☐ On Hold

Date Completed

Enter date...

Safety Equipment

Verify functionality and presence of smoke detectors, fire extinguishers, etc.

Smoke Detector Status

- ☐ Functional
- ☐ Needs Battery
- ☐ Defective - Replace
- ☐ Missing

Fire Extinguisher Inspection

- ☐ Pass
- ☐ Needs Recharge
- ☐ Defective - Replace
- ☐ Missing

Last Fire Extinguisher Service Date

Enter date...

Emergency Exit Sign Illumination

- ☐ Functional
- ☐ Dim
- ☐ Defective - Replace
- ☐ Missing

Smoke Detector Battery Level (if applicable)

Enter a number...

Carbon Monoxide Detector Status (if applicable)

- ☐ Functional
- ☐ Needs Battery
- ☐ Defective - Replace
- ☐ Missing