

Site Inspection Checklist

Site Inspection Date: _____

Completed By: _____

MEETING DETAILS

Group: _____

Address: _____

City: _____

State: _____

Zip: _____

Meeting Name: _____

Type of Meeting:

- Convention
- Conference/Seminar
- Professional/Business
- Consumer

- Committee/Board
- Incentive
- City-Wide
- Trade Show
- Special Event
- Other: _____

Meeting Date(s) including Day(s): _____

Date(s) Flexible?

- Yes
- No

If yes, alternative date(s): _____

Day Pattern Flexible?

- Yes
- No

If yes, alternative pattern: _____

Meeting Planner: _____

Planner's Company (if different than group's): _____

Planner's Address (if different than group's): _____

City: _____

State: _____

Zip: _____

Planner's Phone: _____

Planner's FAX: _____

Planner's E-mail: _____

PROPERTY DETAILS

Property Name:

Property Address:

City:

State:

Zip:

Phone:

FAX:

Sales Contact Name/Title:

Contact's Direct Phone:

FAX:

Property Website Address:

AAA Rating:

Diamonds:

Mobil Rating:

Stars:

Airport(s) & Distance from Hotel:

Complimentary Transportation?

Yes

No

Approximate Taxi Fare: \$ _____

Type of Property:

Hotel

Resort

Downtown

Airport

Suburban

Conference Center

Convention Center

Restaurant/Banquet Facility

Other: _____

Number of Hotel Sleeping Rooms – Total: _____

Plus Suites: _____

Rooms with King Beds: _____

2 Double Beds: _____

Twin Beds: _____

Number of Restaurants: _____

Number of Lounges: _____

Construction Planned:

Yes

No

If yes, what and when? _____

ADA Compliant:

Yes

No

If no, why not? _____

Rate the following Property Details: (1 poor – 5 average – 10 superior)

Lobby Decor

1 2 3 4 5 6 7 8 9 10

Lobby Seating/Location

1 2 3 4 5 6 7 8 9 10

Lobby Condition/Cleanliness

1 2 3 4 5 6 7 8 9 10

Restaurant(s) Condition/Cleanliness

1 2 3 4 5 6 7 8 9 10

Restaurant(s) Décor

1 2 3 4 5 6 7 8 9 10

Restaurant(s) Menu Selection/Pricing

1 2 3 4 5 6 7 8 9 10

Restaurant(s) Food Quality

1 2 3 4 5 6 7 8 9 10

Public Restrooms Condition/Cleanliness

1 2 3 4 5 6 7 8 9 10

Public Restrooms Proximity

1 2 3 4 5 6 7 8 9 10

Rate the following Property Details: (1 poor – 5 average – 10 superior)

Adequate Security

1 2 3 4 5 6 7 8 9 10

Adequate Fire Safety

1 2 3 4 5 6 7 8 9 10

Overall Rating

1 2 3 4 5 6 7 8 9 10

SLEEPING ROOMS

Rack Rate

Single: \$ _____

Double: \$ _____

Suite: \$ _____

Group Rate

Single: \$ _____

Double: \$ _____

Suite: \$ _____

Complimentary Rooms

(Number) _____ per _____

(Per Night) _____

Cumulative: _____

Plus, Over and Above

Room Tax

% plus additional per night, if applicable: \$ _____

Room Block by Day:

Day: _____ Number of Rooms: _____

Day: _____ Number of Rooms: _____

Day: _____ Number of Rooms: _____

Day: _____ Number of Rooms: _____

Day: _____ Number of Rooms: _____

Day: _____ Number of Rooms: _____

Day: _____ Number of Rooms: _____

Day: _____ Number of Rooms: _____

Cut-Off Date: _____

Days Out: _____

Rates available after cut-off date:

Yes

No

Workspace/Desk:

Yes

No

Data port:

Yes

No

Sitting Area:

Yes

No

Rate the following Sleeping Rooms: (1 poor – 5 average – 10 superior)

Proximity to Meeting Space

1 2 3 4 5 6 7 8 9 10

Decor

1 2 3 4 5 6 7 8 9 10

Condition/Cleanliness

1 2 3 4 5 6 7 8 9 10

MEETING ROOMS

Space Available on requested dates:

Yes

No

Attach meeting schedule and space held.

Room Rental Charge: \$ _____

Set-Up Charges: \$ _____

Rate the following Meeting Rooms: (1 poor – 5 average – 10 superior)

Proximity to Sleeping Rooms

1 2 3 4 5 6 7 8 9 10

Condition/Cleanliness

1 2 3 4 5 6 7 8 9 10

Soundproofing

1 2 3 4 5 6 7 8 9 10

Décor

1 2 3 4 5 6 7 8 9 10

Ceiling Height

1 2 3 4 5 6 7 8 9 10

Lighting

1 2 3 4 5 6 7 8 9 10

Heating/Ventilation

1 2 3 4 5 6 7 8 9 10

Sound System

1 2 3 4 5 6 7 8 9 10

Equipment (e.g. tables, chairs)

1 2 3 4 5 6 7 8 9 10

Elevators number/proximity

1 2 3 4 5 6 7 8 9 10

Restroom cleanliness

1 2 3 4 5 6 7 8 9 10

Restroom proximity

1 2 3 4 5 6 7 8 9 10

Overall Rating

1 2 3 4 5 6 7 8 9 10

FOOD & BEVERAGE

Approximate Cost for:

Continental Breakfast:

\$ _____ /person

Full Breakfast:

\$ _____ /person

Lunch:

\$ _____ /person

Dinner:

\$ _____ /person

Coffee:

\$ _____ /gallon

Service Charge:

_____ %

Tax:

_____ %

Guarantees needed by:

_____ days

Overset guarantee by:

_____ %

Any special packages:

Rate the following Food & Beverage :(1 poor – 5 average – 10 superior)

Presentation

1 2 3 4 5 6 7 8 9 10

Menu Selections

1 2 3 4 5 6 7 8 9 10

Menu Prices

1 2 3 4 5 6 7 8 9 10

Creativity

1 2 3 4 5 6 7 8 9 10

Willing to Divert from Menu

1 2 3 4 5 6 7 8 9 10

Overall Rating

1 2 3 4 5 6 7 8 9 10

AUDIO/VISUAL

In-house audio/visual company:

Exclusive:

Yes

No

LCD projector:

\$ _____

Lavalier microphone:

\$ _____

Wireless internet:

\$ _____

Screen:

\$ _____

Labor rates:

\$ _____

Union Rules:

Yes

No

If yes, what are the requirements:

Rate the following Audio Visual: (1 poor – 5 average – 10 superior)

Equipment availability

1 2 3 4 5 6 7 8 9 10

Equipment condition

1 2 3 4 5 6 7 8 9 10

Equipment price

1 2 3 4 5 6 7 8 9 10

Overall Rating

1 2 3 4 5 6 7 8 9 10

SERVICE & AMENITIES

Business Center:

Yes

No

Hours: _____

Parking:

Yes

No

Cost per day: \$ _____

Fitness Center:

Yes

No

Complimentary for guests:

Yes

No

If no, cost: \$ _____

Golf on Premises:

Yes

No

Tennis on Premises:

Yes

No

Pool:

Yes

No

Indoor:

Outdoor:

Other: _____

Rate the following Service & Amenities: (1 poor – 5 average – 10 superior)

Overall Rating

1 2 3 4 5 6 7 8 9 10

FACILITY POLICIES

Cancellation Penalty:

By date: \$ _____

Attrition Penalty:

By date: _____ and _____%

Deposit:

By date: \$ _____

ESTIMATED EXPENSES OF MEETING FOR THIS SITE

EXPENSE TYPE	AMOUNT
Sleeping Room Expenses:	\$ _____
Meeting Room Expenses:	\$ _____
Food & Beverage Expenses:	\$ _____
A/V & Other Equipment Expenses:	\$ _____
Travel Expenses:	\$ _____
Other Meeting Expenses:	\$ _____
TOTAL ESTIMATED EXPENSES:	\$ _____

NOTES
