



Hotel Premises and Sanitation Inspection Report

Property ID:	Date:	Page ____ of ____
Establishment Name:	Phone:	
Physical Address:		
Billing Address:		
Manager / PIC:	Email:	
Inspection Purpose: <input type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Other (specify):		

“X” Indicates a Deficiency

Room #

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GENERAL HEALTH, SANITATION & SAFETY			27. Furnishings in good repair, clean, and easily cleanable		
1. No room let or occupied in unsafe/unsanitary conditions			28. Each unit clean after each occupancy		
2. Compliance with Article X, “Regulation of Smoking”			29. Occupied rooms cleaned		
3. Employees trained, control of communicable disease			30. Ice machine dispensing type, backflow prevention, change filters		
4. Biohazard Response Plan			31. Ice buckets / scoops / glasses / pitchers clean and sanitary		
5. Employee Illness Policies			32. Mattresses, box springs routinely inspected		
6. Employee Restriction for communicable disease			33. Storage rooms / equipment rooms appear clean		
7. Reportable Illness/Outbreak Policies			34. Toxic / hazardous / flammable substances properly stored		
8. Manager on duty during all operating hours			35. Electrical wiring / fixtures properly grounded / GFCI outlets		
9. Doors/windows equipped with security or locking device			36. Vending machines in sanitary condition		
10. Single use items disposed of properly, not reused			37. Smoke alarms in each room / operable		
SEWAGE DISPOSAL			VECTOR CONTROL		
11. Proper waste water disposal			38. Rooms and bedding free of ectoparasites		
12. Sewage backups contained and repaired			39. Grounds/building free of rodent and insect problems		
OUTDOOR AREAS			40. Infested mattresses or other items disposed of properly		
13. Grounds in sanitary condition			41. Pesticides properly used - licensed exterminator		
14. Exterior lighting, functional and adequate			42. Windows / doors screened		
15. Garbage properly stored - containers with lids			VENTILATION, HEATING & LIGHTING		
16. Adequate collection frequency			43. Rooms free of objectionable odor		
KITCHENETTES & SANITARY APPLIANCES			44. Adequate lighting provided		
17. Equipment clean, sanitized, and in good repair			45. Climate control maintained		
18. Hot & cold water available, and anti-scald device operable			RESTROOMS & SANITARY APPLIANCES		
19. Food contact surfaces protected from contamination			46. Fixtures clean and in good repair		
LINENS, TOWELS & LAUNDRY FACILITIES			47. Proper ventilation / odors controlled		
20. Sanitary bedding provided, in good condition			48. Restrooms sanitized, easily cleanable surfaces		
21. Sanitary towels provided, in good condition			49. Adequate waste receptacles		
22. Clean and sanitary facilities provided for laundry/Off site laundry			50. Soap / paper towels / toilet paper available		
23. Separate storage, separate carts for clean / dirty linen			51. Showers properly drained/no mildew/mold/rust/stains		
24. Proper laundry temperatures/inspect off site laundry			52. Open front or “U” type toilet seats		
ROOMS, PREMISES & EQUIPMENT			53. Hot & cold water available, anti-scald device operable		
25. Structures sound / free of leaks, mold, mildew			54. Functional toilet, shower and sink, 1 each per room		
26. Floors/Walls/Ceilings in good repair, clean, and easily cleanable			DATE OF MOST RECENT INSPECTION		
			Fire:		
			Swimming Pool/Spa:		
			Food Service:		

Received by: (signature)	Print	Phone
Inspected by: (signature)	Print	Phone

