

Site Inspection Checklist

Site Inspection Date: Completed by: _____

Meeting Information

Company Name
Address
City, State

Meeting Name:

Meeting Type:

Preferred Meeting Dates: _____

Alternative Meeting Dates: _____

Dates Available: _____

Contact:

Phone:

Cell:

Fax:

E-mail:

Property Information

Property Name: _____

Property Address: _____

City: _____ State _____ Country _____ ZIP _____

Phone: _____ Fax: _____

Sales Contact Name/Title: _____

Contact's Direct Phone: _____ Fax: _____

E-mail: _____ Website: _____

Airport and distance from hotel: _____

Complimentary transportation available? _____ Approximate taxi fare: _____

Number of hotel sleeping rooms: _____ Suites: _____

Rooms with King Beds: _____ Doubles: _____ Twins: _____

Percentage of non-smoking rooms: _____

Number of restaurants on property: _____ Bars/Lounges: _____
Hours: _____

Is construction planned? If yes, when: _____

Last renovation of property: _____

ADA Compliant: _____

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

	1	2	3	4	5	6	7	8	9	10
Lobby décor										
Lobby seating/Location										
Lobby condition/cleanliness										
No obvious signs of wear in carpet/furniture										
Ashtrays (if any) are clean										
Plants/flowers healthy/fresh										
Restaurant(s) condition/cleanliness										
Restaurant(s) décor										
Restaurant(s) menu selection/pricing										
Restaurant(s) food quality										
Concierge friendly and helpful?										
Friendly/enthusiastic front desk personnel										
Professional appearance for staff										

Public Restrooms Condition/Cleanliness																				
Public Restrooms Proximity																				
Adequate Security																				
Location for check-in/registration																				
Are grounds well-kept?																				
What is in the area?																				
Is it safe?																				
Adequate Fire Safety																				
Overall Rating																				
Comments:																				

Sleeping Rooms

Rack Rate: Single: _____ Double: _____ Suite: _____

Group Rate: Single: _____ Double: _____ Suite: _____

Complimentary Rooms: _____

Room Tax % _____

Additional fees per night (resort fees, etc.): _____

Room Block by Day:

Day 1: _____ Number of Rooms: _____

Day 2: _____ Number of Rooms: _____

Day 3: _____ Number of Rooms: _____

Day 4: _____ Number of Rooms: _____

Day 5: _____ Number of Rooms: _____

Day 6: _____ Number of Rooms: _____

Cut off date: _____

Rates available after cut-off date? _____

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

	1	2	3	4	5	6	7	8	9	10
Proximity to Meeting Space										
Décor										
Condition/Cleanliness										
Square footage of room										
Bathroom Condition/Cleanliness										
Mattresses in good condition										
Workstation/desk										
All lights/electronics in good working order										
Drapes/curtains operate easily										
Room service hours										
Amenities in room as expected										
Overall rating										
Comments:										

Meeting Rooms

Space Available on requested dates: _____ (attach meeting schedule & space held).

Room Rental Charge: _____

Set Up Charges: _____

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

	1	2	3	4	5	6	7	8	9	10
Proximity to Sleeping Rooms										
Is there a workroom/office?										
Business Center on property?										
Condition/Cleanliness										
Soundproofing										
Amenities in meeting rooms?										
Condition of seating/tables										
Décor										
Ceiling Height										
Lighting										
Heating/Ventilation										
Sound System										
Equipment (tables, chairs)										
Elevator number/proximity										
Public telephones number/proximity										
Restroom cleanliness										
Restroom proximity										
Overall rating										
Comments:										

Food & Beverage

Approximate Cost for: Continental breakfast: \$ _____ /person
 Full breakfast: \$ _____ /person
 Lunch: \$ _____ /person
 Dinner: \$ _____ /person
 Coffee: \$ _____ /person
 Service charge: _____ % Tax: _____ %

Guarantees needed by _____ days. Overset guarantee by: _____ %

Special packages/theme dinners offered? _____

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

	1	2	3	4	5	6	7	8	9	10
Presentation										
Menu selection										
Updated menus/theme party ideas										
Menu prices										
Creativity										
Willing to divert from menu?										
Overall rating										
Comments:										

Services & Amenities

Business Center: _____	Hours: _____
Fitness Center? _____	Hours: _____
Salon? _____	Hours: _____
Gift Shop? _____	Hours: _____
Golf on premises? _____	Cost: _____
Tennis on premises? _____	Cost: _____
Spa on premises? _____	Cost: _____
Pool _____	Hours: _____

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

	1	2	3	4	5	6	7	8	9	10
Overall rating										
Comments:										

Facility Policies

Cancellation penalty by date: _____ \$ _____

Attrition penalty by date: _____ \$ _____

Deposit by date: _____ \$ _____

Miscellaneous

1. Other groups in house at same time as Brink's Home Security?
2. Private check-in available?
3. Is water on property filtered and safe to drink?
4. Is there a charge to receive packages? If so, is it negotiable?