

# SITE INSPECTION CHECKLIST

Lynne Wellish, CMP CHSE CHO

Hotel: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age of Property: \_\_\_\_\_ Date of last renovation: \_\_\_\_\_

## FACILITY CONTACTS

### SALES CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### CSM CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### AUDIO VISUAL CONTACT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## LOBBY

Appearance:  Excellent  Fair  Poor

Front Desk Staff:  Excellent  Fair  Poor

Bellman:  Excellent  Fair  Poor

Comments: .....

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## FRONT DESK

Staff was friendly:  Excellent  Fair  Poor

Check-in was efficient:  Excellent  Fair  Poor

Information was provided about facility by front desk staff:  Excellent  Fair  Poor

Comments: .....

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## ELEVATORS

Easily Accessible:  Excellent  Fair  Poor

Service:  Excellent  Fair  Poor

Comments: .....

## PRIMARY MEETING SPACE (General Session)

Total square footage: \_\_\_\_\_ Ceiling height: \_\_\_\_\_

First impression:  Excellent  Fair  Poor

Are there any pillars or chandeliers? .....

Is there ample space for rear screen projection (if needed)? .....

What type of lighting is in the room? .....

Can the lighting be controlled from inside the room?  YES  NO

Is there a phone in the meeting room?  YES  NO

Are there restrooms located nearby?  YES  NO

Are the airwalls sound proof?  YES  NO

Is the room pre-wired for sound?  YES  NO

Does the room have a built in screen?  YES  NO

How is Wi-Fi handled? .....

## SECONDARY MEETING SPACE (Breakouts)

Total # of breakouts needed: \_\_\_\_\_

Does the room have a built in screen?  YES  NO

Are the airwalls sound proof?  YES  NO

Is the room pre-wired for sound?  YES  NO

Are the rooms near General Session?  YES  NO

If not, how far away are the rooms? .....

# SITE INSPECTION CHECKLIST

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Meeting Room

Square Footage

Set Up

Date | Hours Needed

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## SLEEPING ROOMS

Total # of rooms: \_\_\_\_\_ King \_\_\_\_\_ Double \_\_\_\_\_ Suites \_\_\_\_\_  
 Smoking \_\_\_\_\_ Non-Smoking \_\_\_\_\_ Handicap Accessible \_\_\_\_\_

Room rates: King \_\_\_\_\_ Double \_\_\_\_\_ Suites \_\_\_\_\_ # of Comps \_\_\_\_\_

First impression:  Excellent  Fair  Poor

Amenities: .....

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High-speed Internet access:  YES  NO Cost per day: \_\_\_\_\_

Comments: .....

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# of ADA accessible rooms: \_\_\_\_\_ Are emergency instructions in all rooms?  YES  NO

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## RESTAURANTS (if applicable)

Name (s): .....

Type of food served: .....

Price range: ..... Hours: .....

Indoor?  YES  NO Outdoor?  YES  NO Private room?  YES  NO

Comments: .....

Name (s): .....

Type of food served: .....

Price range: ..... Hours: .....

Indoor?  YES  NO Outdoor?  YES  NO Private room?  YES  NO

Comments: .....

## BUSINESS CENTER

Hours: ..... Access: .....

Services provided: .....

Comments: .....

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## AUDIO VISUAL

Exclusive in-house company?  YES  NO

If "YES" contact information: .....

Receive a copy of pricing list?  YES  NO

What equipment does the facility own? .....

What are the preferred AV rental companies in the area? .....

What types of screens does the facility have? .....

Does the facility have recording capabilities? .....

## ACTIVITIES

POOL:  Indoor  Outdoor  Heated

TENNIS COURTS:  YES  NO

GOLF COURSE:  YES  NO

SPA:  YES  NO

If "YES" spa services available: .....

HEALTH CLUB:  YES  NO If "YES" hours of operation: .....

## ADDITIONAL SERVICES

Complimentary airport shuttle:  YES  NO Babysitting:  YES  NO Car rental:  YES  NO

Parking:  YES  NO If "YES" what is parking rate? .....

Room Service:  YES  NO If "YES" hours available: .....

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## OVERFLOW HOTELS (if needed)

Hotel: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age of Property: \_\_\_\_\_ Date of last renovation: \_\_\_\_\_

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Comments: .....

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