

Site Inspection Checklist

Site Inspection Date _____
Completed By _____

MEETING

Group _____

Address _____

City _____ Province _____ Postal Code _____

Meeting Name _____

Company Website _____

Type of Meeting?

Convention	Conference/Seminar	Professional/Business	Consumer
Committee/Board	Incentive	Special Event	Trade Show
Other _____			City Wide

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 _____ Province _____ Postal Code _____

Planner's Phone () _____ Planner's Fax () _____

Planner's Email _____

HOTEL

Hotel Name _____

Hotel Address _____

City _____ Province _____ Postal Code _____

Phone () _____ Fax () _____

Sales Contact Name/Title _____

Contact's Direct Phone () _____ Fax () _____

Contact's Email _____

Hotel Website _____

Airport(s) & Distance from Hotel _____

Number of Sleeping Rooms – Total _____ Number of Suites _____

Rooms with 1 King Bed _____ 2 Queen Beds _____

% Non-Smoking Rooms __100%_____

Work Space/Desk Yes No Dataport Yes No Sitting Area Yes No

Number of Restaurants _____1_____ Number of Lounges _____1_____

Construction/Renovation Planned Yes No If yes, what and when? _____

Rate the Following: (1 Poor – 5 Average – 10 Superior)

Lobby Décor	1	2	3	4	5	6	7	8	9	10
Lobby Seating/Location	1	2	3	4	5	6	7	8	9	10
Lobby Conditions/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
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

GUEST ROOMS

Rack Rate Single \$ _____ Double \$ _____ Suite \$ _____

Group Rate Single \$ _____ Double \$ _____ Suite \$ _____

Room Tax _____% plus additional per night _____%

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 _____

Cut-Off Date _____ Days Out _____

Rates Available before/after cut-off date Yes No

GUEST ROOMS

Rate the Following: (1 Poor – 5 Average – 10 Superior)

Proximity to Meeting Space	1	2	3	4	5	6	7	8	9	10
Décor	1	2	3	4	5	6	7	8	9	10
Condition/Cleanliness	1	2	3	4	5	6	7	8	9	10
General Amenities	1	2	3	4	5	6	7	8	9	10
Bathroom Condition/Cleanliness	1	2	3	4	5	6	7	8	9	10
Bathroom Amenities	1	2	3	4	5	6	7	8	9	10
Overall Rating	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 Charge \$ _____

Rate the Following: (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
Public Telephones 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 AND BEVERAGE

Approximate Cost For Continental Breakfast \$ _____/person

Full Breakfast \$ _____/person

Lunch \$ _____/person

Dinner \$ _____/person

Coffee/Tea \$ _____/person

Service Charge _____% Tax _____%

Guarantee needed by _____ days Overset By _____%

Any Special Packages _____

Rate the Following: (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
Willingness 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

Overhead Projector \$ _____ Data Projector \$ _____

Screen \$ _____ Labor Rates \$ _____

Rate the Following: (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 AND AMENITIES

Business Centre Yes No Hours _____

Parking Yes No Cost per Day \$ _____

Fitness Centre Yes No Complimentary for Guests Yes No If no, Cost \$ _____

Golf Nearby Yes No

Pool Yes No Indoor Outdoor

Other _____

Rate the Following: (1 Poor – 5 Average – 10 Superior)

Overall Rating	1	2	3	4	5	6	7	8	9	10
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FACILITY POLICIES

Cancellation Penalty by Date _____ \$ _____

Attrition Penalty by Date _____ and _____ %

Deposit by Date _____ \$ _____

ESTIMATED COST OF MEETING FOR THIS SITE

Sleeping Room Cost \$ _____

Meeting Room Cost \$ _____

Food & Beverage Cost \$ _____

A/V & Other Equipment Cost \$ _____

Travel Cost \$ _____

Other Meeting Cost \$ _____

TOTAL ESTIMATED COST \$ _____