

## HOTEL ROOM SAFETY CHECKLIST

INSPECTOR NAME: \_\_\_\_\_ Date: \_\_\_\_\_

### HOTEL ROOM

ROOM TYPE  
ROOM NUMBER

1	The entrance door is self-closing and latches properly.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
2	The entrance doorlocks operate properly with security door latches properly secured and in good working order.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
3	The rooms are clean, sanitized, fresh-smelling, free of dust, trash, and clutter.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4	Walking surfaces are in good conditions: stable, flush, even, and free of trip and fall exposures.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5	Carpet on floor surfaces is firmly secured, free of loose or frayed edges, unsecured seams, worn areas, holes, wrinkles, or other hazards that may increase trip and fall exposures.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
6	Tile floor surfaces are slip resistant and free of any foreign substance that may increase slip and fall exposures.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
7	Bathroom areas clean, fresh-smelling, and free of dust, trash, mildew, and standing water	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
8	Sinks and toilets are clean, sanitized, securely anchored, and in good repair.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
9	Hot water in sinks is set at 110° F or lower to prevent scalding.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
10	Towels are clean, fresh, folded neatly, and properly stored.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
11	Showers and shower tubs are clean and sanitary, with floor surfaces free of algae buildup.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
12	Showers and shower tub floors are slip resistant. The proper non-slip material is installed on tub and shower floor surfaces as necessary.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
13	Shower doors are clean, intact, free of laceration exposures, and in good working order.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
14	All counters, fixtures, and railings are clean, in good repair, free of laceration exposures, and securely anchored.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
15	Heat insulation padding is in place on exposed drain pipes underneath open counters.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
16	Electrical appliances are appropriately clean and maintained with ground plugs present and no frayed wires.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
17	Ground-Fault Circuit Interrupters (GFCI) are installed for all appropriate electrical outlets. GFCI test buttons trip and reset when pushed.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
18	Electrical cords are free of external damage (loose/missing parts, damage to outer jacket or insulation) and any evidence of possible internal damage (pinched or crushed outer jacket).	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
19	Seating and sleeping areas are clean, fresh-smelling, free of dust and trash	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
20	All room furniture clean, fresh-smelling, free of signs of bed bugs, and in good repair.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
21	Windows and sliding balcony window are clean, intact, free of laceration exposures, and in good working order.  <i>Note: Hotel windows without a balcony should only open for than four inches.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
22	Blinds and curtains are in good condition, not worn, free of signs of bed bugs; with the blind assemblies being in good repair and anchored to the wall appropriately.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

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23	Luggage racks are intact, in good repair, and free of signs of bed bugs.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
24	Beds are neatly made with mattresses, comforters, bed sheets, and pillow cases being clean and fresh-smelling.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
25	Beds are equipped with mattress encasements or active mattress liners to mitigate against bed bugs.  <i>Note: Unlike an encasement that simply protects the bed, an active liner protects not only the mattress and/or box spring but also the guest that is sleeping in the bed. As easy to install as a fitted sheet, an active liner can prevent a bed bug infestation as they kill bed bugs that come into contact with the liner continuously for two years. Installation of this simple preventive measure can stop bed bugs introduced into the room from turning into a full-fledged infestation</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
26	Bed headboards, box springs, bed mattresses, and dust ruffles are free of signs of bed bugs.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
27	Guest directory information is present in the room, which contains safety and security information.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
28	Emergency evacuation route signage posted on the door.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
29	The appropriate life safety equipment in place and functional: a. Smoke alarms are in place and fully operational b. Audio & visual alarms present in each room c. Sprinkler heads are in place, properly secured to the ceiling, with signage warning patrons not to hang anything on sprinklers.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

**ADDITIONAL COMMENTS:**

\_\_\_\_\_  
**Inspector Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Inspector Name Printed**



# SAFETY CHECKLIST

