

Hotel Guest Feedback Form Checklist

Food & Hospitality

FIRE

Are the fire alarms tested?

☐ Yes☐ No☐ Na

How many call points have been tested?

☐ Yes☐ No☐ Na

Are all the manual break glass points in working condition?

☐ Yes☐ No☐ Na

Are all the fire alarms in good working condition?

☐ Yes☐ No☐ Na

Are the fire extinguishers placed correctly and workable?

☐ Yes☐ No☐ Na

Are all the safety-related signages undamaged and visible clearly?

☐ Yes☐ No☐ Na

Are the fixed fire fighting systems unblocked and in an easily accessible and usable space?

☐ Yes☐ No☐ Na

HEALTH

Is the manual equipment and lifting equipment in good working condition?

Yes

No

Na

Is the manual equipment and lifting equipment inspected by a specialized professional?

Yes

No

Na

Is the access equipment good and workable?

Yes

No

Na

Is the electrical equipment safe to be used?

Yes

No

Na

In case of any accidents in the past, are they all recorded?

Yes

No

Na

Is the first aid kit well-stocked and up to date?

Yes

No

Na

Does the staff use personal protective equipment?

Yes

No

Na

Is the personal protective equipment in good condition?

Yes

No

Na

In case of any maintenance issues, is it made sure that they were rectified?

☐ Yes☐ No☐ Na

Are all the corrective actions been done?

☐ Yes☐ No☐ Na

MANAGEMENT

In case of any accidents, were they reported to ALPS?

☐ Yes☐ No☐ Na

Are the visits reposted to the ALPS of any fire officers or EHOs?

☐ Yes☐ No☐ Na

In case of any incident of food poisoning, was it reported to the ALPS?

☐ Yes☐ No☐ Na

OPERATIONAL

Are all the kitchen records updated and cross-referenced?

☐ Yes☐ No☐ Na

Are the necessary actions completed?

☐ Yes☐ No☐ Na

Is the orientation and induction of the new staff done?

☐ Yes☐ No☐ Na

Are the records of all necessary training updated?

☐ Yes☐ No☐ Na

Are the ice machines in working condition?

☐ Yes☐ No☐ Na

Has the beer line been cleaned?

☐ Yes☐ No☐ Na

Are the high chairs cleaned and in a usable condition?

☐ Yes☐ No☐ Na

Auditor:

☐ Yes☐ No☐ Na

Signature:

☐ Yes☐ No☐ Na

Day and Date:

☐ Yes☐ No☐ Na