

Name of Inn

Date

BBIM Inspection Checklist

Instructions: Inspect each item using the inspector guide and enter the evaluation in the block provided. Possible ratings are no deficiency, minor deficiency, major deficiency or critical deficiency. If an item has more than one deficiency of a type, enter the number in the appropriate block. Certain items may be restricted as to the degree of deficiency that can be awarded. A single critical deficiency or three major deficiencies will cause an inn to fail. Three minor deficiencies in an area is the equivalent of a major deficiency. More than ten minor deficiencies overall constitutes a critical deficiency. Describe any deficiencies in detail and attach photo if needed to explain a failure.

Part A: General

OK Minor Major Critical

| | | | | |
|--|-------|-------|-------|-------|
| 1. Brochure/website describes inn accurately | _____ | _____ | _____ | _____ |
| 2. Staff available when needed | _____ | _____ | _____ | |
| 3. Guest Information: | | | | |
| a. Phones/emails answered professionally | _____ | _____ | _____ | |
| b. Directions provided | _____ | _____ | | |
| c. Confirmations provided | _____ | _____ | _____ | |
| 4. Special Interest Items: | | | | |
| a. Pets (odors, residue, information) | _____ | _____ | _____ | _____ |
| b. Smoking (odors, residue) | _____ | _____ | _____ | _____ |
| c. Children (controlled, info) | _____ | _____ | _____ | _____ |
| d. Non-Smoking rooms | _____ | _____ | | |
| 5. Licenses & Insurance: | | | | |
| a. State lodging (5+ rooms) | _____ | | | _____ |
| b. Proof of liability insurance | _____ | | | _____ |
| c. Local licenses | _____ | | _____ | _____ |
| 6. Promotes BBIM (recurring only) | _____ | _____ | | _____ |

Name of Inn _____ Date _____

Part B: Exterior **OK** **Minor** **Major** **Critical**

- | | | | | |
|--|-------|-------|-------|-------|
| 1. Exterior appearance (maintenance & repair, paint, grounds, overall impression). | _____ | _____ | _____ | _____ |
| 2. Signage (provided, condition) | _____ | _____ | _____ | |
| 3. Safety lighting | _____ | _____ | _____ | |
| 4. Parking | _____ | _____ | _____ | |

Part C: Interior Common Areas **OK** **Minor** **Major** **Critical**

- | | | | | |
|---|-------|-------|-------|-------|
| 1. Appearance (maintenance, carpentry, furniture) | _____ | _____ | _____ | _____ |
| 2. Cleanliness (dust, dirt, windows) | _____ | _____ | _____ | _____ |
| 3. Comfort (lighting, furniture, HVAC, etc.) | _____ | _____ | _____ | _____ |

Part D: Sleeping Rooms **OK** **Minor** **Major** **Critical**

- | | | | | |
|---|-------|-------|-------|-------|
| 1. Appearance (maintenance, paint, wallpaper) | _____ | _____ | _____ | _____ |
| 2. Cleanliness (dust, dirt, windows, under bed, spiders) | _____ | _____ | _____ | _____ |
| 3. Linens (clean, good quality & condition: sheets, towels, blankets, spreads, mattress pad) | _____ | _____ | _____ | _____ |
| 4. Comfort (chairs, bed, pillows. HVAC) | | _____ | _____ | _____ |
| 5. Privacy (cannot see in or enter) | _____ | | | _____ |
| 6. Convenience (clothes storage, night light, clock, tissue, wastebasket, desk, luggage rack) | _____ | _____ | _____ | _____ |
| 7. Special interest items | | | | |
| a. No host clothes in guest rooms | _____ | | _____ | |

Name of Inn _____ Date _____

| Part E: Guest Bathrooms | OK | Minor | Major | Critical |
|--|-----------|--------------|--------------|-----------------|
| 1. Appearance (maintenance, paint, wallpaper, drips) | _____ | _____ | _____ | _____ |
| 2. Cleanliness (floors, fixtures, walls, mirrors) | _____ | _____ | _____ | _____ |
| 3. Accessories (lights, mirrors, soap, drinking glasses, outlets) | _____ | _____ | _____ | _____ |
| 4. Convenience (nightlight, robe hooks, bathmat, personal space, towel rack, tissue) | _____ | _____ | _____ | _____ |
| 5. Comfort (water pressure, heat, exhaust fans) | _____ | _____ | _____ | _____ |
| 6. Special interest items: | | | | |
| a. Shared bath controls (2 or 3 rooms, privacy locks) | _____ | _____ | _____ | _____ |

| Part F: Kitchen (Independent review only) | OK | Minor | Major | Critical |
|---|-----------|--------------|--------------|-----------------|
| 1. Appearance (maintenance, paint, neatness) | _____ | _____ | _____ | _____ |
| 2. Sanitation (floors, appliances, prep surfaces) | _____ | _____ | _____ | _____ |
| 3. Food safety | | | | |
| a. Approved dishwashing methods | _____ | _____ | _____ | _____ |
| b. Refrigerator temperature (under 40 degrees) | _____ | _____ | _____ | _____ |

| Part G: Safety | OK | Minor | Major | Critical |
|--|-----------|--------------|--------------|-----------------|
| 1. Smoke alarms (each bedroom, common areas, halls) | _____ | _____ | _____ | _____ |
| 2. Fire extinguishers (type, reading, each floor) | _____ | _____ | _____ | _____ |
| 3. Escape routes (number, exit signs, lighting) | _____ | _____ | _____ | _____ |
| 4. Electrical (GFCIs, extension cords) | _____ | _____ | _____ | _____ |
| 5. Pools, tubs & spas (chlorine test, GFCI, warnings, condition) | _____ | _____ | _____ | _____ |

Name of Inn _____ Date _____

Part H: Food & Dining **OK** **Minor** **Major** **Critical**

1. Breakfast provided (full, continental, cook-your-own) _____

(Note: remaining items in this category reviewed by overnight only)

2. Food (quality & quantity) _____

3. Presentation (attractive, clean dishes, table cleared) _____

4. Expected extras (early coffee, some time flexibility, dietary restrictions, snacks) _____

5. Special interest items:
a. Pets controlled to the greatest extent possible. _____

Part I: Hospitality **OK** **Minor** **Major** **Critical**

1. Hosts meet personal hospitality expectations _____

2. Provides local activity/restaurant information (menus, schedules, assistance) _____

3. Inn-based entertainment (reading material, games, (TV, radio, etc) _____

Part J: Overall Evaluation and Comments