

BBIM INSPECTION COVER SHEET

Name of Inn _____

Innkeeper(s) Present _____

Date of Inspection _____ Number of Guest Rooms _____

Type of Inspection (check only one):

_____ Independent, Walk-Through
Rooms Inspected: _____

_____ Overnight Inspection, Room Used _____

INSPECTION SUMMARY:

	<u>OK</u>	<u>MINOR</u>	<u>MAJOR</u>	<u>CRITICAL</u>
General	_____	_____	_____	_____
Exterior	_____	_____	_____	_____
Interior Common Areas	_____	_____	_____	_____
Sleeping Rooms	_____	_____	_____	_____
Guest Bathrooms	_____	_____	_____	_____
Kitchen (Independent Only)	_____	_____	_____	_____
Safety	_____	_____	_____	_____
Food & Dining	_____	_____	_____	_____
Hospitality	_____	_____	_____	_____
Total Problem Findings:		_____	_____	_____

Inspector Recommends PASS FAIL (circle one)

Name of Inspector _____

Signature of Inspector _____

