

NCTE

National Council of
Teachers of English

Site Inspection Checklist

Prepared by Jacqui Joseph-Biddle, NCTE Convention Director

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 _____

PROPERTY

Hotel Name _____

Hotel Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

Sales Contact Name/Title _____

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

e-mail address _____

Hotel Website Address _____

AAA Rating _____ Diamonds Mobil Rating _____ Stars

Airport(s) & Distance from Hotel _____

Complimentary Transportation? Yes No Approximate Taxi Fare? _____

Number of Hotel Sleeping Rooms—Total _____ Plus Suites _____

Rooms with King Beds _____ 2 Double Beds _____ Twin Beds _____

% Non-Smoking Rooms _____

Number of Restaurants _____ Number of Lounges _____

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

ADA Compliant ___ Yes ___ No If no, why not? _____

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 Condition/Cleanliness __1 __2 __3 __4 __5 __6 __7 __8 __9 __10

Restaurant(s) Condition/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

SLEEPING ROOMS

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

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

Complimentary Rooms _____ per _____ Per Night __ Cumulative

Plus Over and Above _____

Room Tax _____ % plus additional per night, if applicable \$ _____

Room Block by Day:

Day _____ Number of Rooms _____

Day _____ Number of Rooms _____

Day _____ Number of Rooms _____

Day _____ Number of Rooms _____

Cut-Off Date _____ Days Out _____

Rates available after cut-off date ﺃ Yes ﺃ No

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

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 نعم Yes لا 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

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

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 & BEVERAGE

Approximate Cost for Continental Breakfast \$_____/person

 Full Breakfast \$_____/person

 Lunch \$_____/person

 Dinner \$_____/person

 Coffee \$_____/person

Service Charge _____% Tax _____%

Guarantees needed by _____ days Overset guarantee by _____%

Any special packages _____

AUDIO/VISUAL

In-house audio/visual company _____ Exclusive Yes No

Slide projector \$ _____ Overhead Projector \$ _____

Data projector \$ _____ Screen \$ _____

Labor rates \$ _____

Union Rules Yes No If yes, what are the requirements _____

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 & AMENITIES

Business Center Yes No Hours _____

Parking Yes No Cost per day \$ _____

Fitness Center Yes No Complimentary for guests Yes No If no, cost \$ _____

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

FACILITY POLICIES

Cancellation Penalty by date _____ \$ _____

Attrition Penalty by date _____ and _____%

Deposit by date _____ \$ _____

