

# CABIN INVENTORY & HOUSEKEEPING

Property Maintenance Log

Ref: INV-2024-CB  
Status: Internal Audit

CABIN NUMBER/NAME  
INSPECTION DATE  
ATTENDANT NAME

| INVENTORY ITEM              | PAR LEVEL | ACTUAL | CONDITION  | ACTION REQUIRED |
|-----------------------------|-----------|--------|--|-----------------|
| <b>BEDDING &amp; LINENS</b> |           |        |  |                 |
| King/Queen Sheets (Sets)    | 3         |        | <input type="checkbox"/> Good <input type="checkbox"/> Wear    |                 |
| Pillowcases (Pairs)         | 6         |        | <input type="checkbox"/> Good <input type="checkbox"/> Wear    |                 |
| Duvet Covers / Quilts       | 2         |        | <input type="checkbox"/> Good <input type="checkbox"/> Wear    |                 |
| <b>BATHROOM ESSENTIALS</b>  |           |        |  |                 |
| Bath Towels (White)         | 8         |        | <input type="checkbox"/> Good <input type="checkbox"/> Stained |                 |
| Hand Towels                 | 6         |        | <input type="checkbox"/> Good <input type="checkbox"/> Stained |                 |
| Face Cloths                 | 8         |        | <input type="checkbox"/> Good <input type="checkbox"/> Stained |                 |

| INVENTORY ITEM | PAR LEVEL | ACTUAL | CONDITION | ACTION REQUIRED |
|----------------|-----------|--------|-----------|-----------------|
|----------------|-----------|--------|-----------|-----------------|

**KITCHEN & DINING**

|                        |   |  |  |  |
|------------------------|---|--|--|--|
| Ceramic Plates / Bowls | 8 |  | <input type="checkbox"/> OK <input type="checkbox"/> Chipped |  |
|------------------------|---|--|--|--|

|                        |    |  |  |  |
|------------------------|----|--|--|--|
| Glassware (Water/Wine) | 12 |  | <input type="checkbox"/> OK <input type="checkbox"/> Chipped |  |
|------------------------|----|--|--|--|

|                        |   |  |   |  |
|------------------------|---|--|---|--|
| Coffee Maker & Filters | 1 |  | <input type="checkbox"/> Clean <input type="checkbox"/> Dirty |  |
|------------------------|---|--|---|--|

**ADDITIONAL OBSERVATIONS & MAINTENANCE NOTES**

Type here or hand-write issues (e.g., lightbulbs out, furniture scuffs, plumbing leaks)...

Inspector Signature: \_\_\_\_\_ Date Finalized: \_\_\_\_\_