

Hotel Guestroom Toilet Retrofit Checklist

KW Hospitality | Survey and approval record | 1 of 3

Property: _____ Room type / floor: _____

Candidate assembly: _____ Survey date: _____

Use one register per room type and candidate. Status: Open / Pass / Hold / N/A. Record evidence for Pass and a reason for N/A. Resolve holds before order release. Use current fixture instructions and project requirements.

01 Existing inventory

Room type, quantity, bowl/tank IDs, flush volume and complaint history.

Status: _____ Owner / date: _____

Evidence / action: _____

02 Complete assembly

Proposed bowl, tank, mechanism, seat and handle IDs with approved compatibility.

Status: _____ Owner / date: _____

Evidence / action: _____

03 Physical fit

Finished-wall rough-in, outlet type, projection, footprint and tank dimensions.

Status: _____ Owner / date: _____

Evidence / action: _____

04 Installation condition

Flange, floor, drain and support review; priced repair allowance where needed.

Status: _____ Owner / date: _____

Evidence / action: _____

05 Supply performance

Static and flowing pressure, test conditions, refill/recharge time and model limits.

Status: _____ Owner / date: _____

Evidence / action: _____

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Property: _____ Room type / floor: _____

Candidate assembly: _____ Survey date: _____

06 Accessible layout

Project review of seat, controls, clearances, grab bars and door operation.

Status: _____ Owner / date: _____

Evidence / action: _____

07 Product approval

Applicable listing, jurisdiction acceptance, flush-volume requirements and label match.

Status: _____ Owner / date: _____

Evidence / action: _____

08 Guestroom acoustics

Flush and refill observations at the bed and in adjacent occupied-room locations.

Status: _____ Owner / date: _____

Evidence / action: _____

09 Pilot performance

Recorded clearing, rinse, repeat flushes, leaks and downtime under a defined protocol.

Status: _____ Owner / date: _____

Evidence / action: _____

10 Housekeeping service

Cleaning access, approved products, seat handling and reporting procedure.

Status: _____ Owner / date: _____

Evidence / action: _____

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11 Repair support

Exact service parts, local availability, lead times, training and commercial-use warranty.

Status: _____ Owner / date: _____

Evidence / action: _____

12 Safety and traceability

Model/serial record, applicable recall check and current service instructions.

Status: _____ Owner / date: _____

Evidence / action: _____

13 Commercial scope

Complete installed price, logistics, damage claims, spares and substitution controls.

Status: _____ Owner / date: _____

Evidence / action: _____

14 Release and handover

Named approvals, approved sample, phased schedule and final room acceptance records.

Status: _____ Owner / date: _____

Evidence / action: _____

Release decision

Approved / Hold: _____ Approved sample ID: _____

Engineering: _____ Housekeeping: _____ Purchasing: _____

Current model documents and applicable recall checks verified on: _____