

CONFIDENTIAL

Assessment Form Star Rating of Apartment Hotel



Ministry of Tourism Malaysia
www.motour.gov.my



GUIDELINES TO QUESTIONNAIRES GARIS PANDUAN BAGI MENJAWAB SOALAN

1. Please refer to the minimum star rating requirements in in **“Guidelines For Tourist Accommodation Premises Classification”** (also available at Ministry of Tourism’s website www.motour.gov.my) when filling in this questionnaire. *Sila rujuk kepada syarat minima pengelasan yang terkandung di dalam “Buku Panduan Pengelasan Premis Penginapan Pelancong” (juga terdapat di laman web rasmi Kementerian Pelancongan, www.motour.gov.my) semasa mengisi borang soal selidik.*
2. The answers to the questions consist of two categories ie:
Untuk setiap kriteria utama, soalan-soalan terbahagi kepada dua kategori:
A. Star Rating ie. 1 to 5 star
B. Yes/No
3. For Category A question, the answers on star grading are to be assess on a scale of 1 to 10 as follows:
Untuk soalan kategori A, sila berikan markah mengikut skala berikut:

Star	Marks
5*	9 -10
4*	7 - 8
3*	5 - 6
2*	3 - 4
1*	1 - 2

4. For Yes/No answer, the grading scale of 1 to 10 refers to the following:
Untuk soalan kategori B, tandakan Ya atau Tidak dan sekiranya Ya sila berikan markah mengikut skala berikut:

Assessment	Marks
Excellent <i>Cemerlang</i>	9-10
Very Good <i>Sangat Baik</i>	7 - 8
Good <i>Baik</i>	5 - 6
Fair <i>Sederhana</i>	3 - 4
Poor <i>Lemah</i>	1 - 2

Example :

Separate restaurant for
Contoh: halal food (2.5)

Yes	<input checked="" type="checkbox"/>		5
No	<input type="checkbox"/>		

Dustbins (2.9)

Yes	<input type="checkbox"/>		
No	<input checked="" type="checkbox"/>		



Ministry of Tourism Malaysia

CONFIDENTIAL

**APPLICATION FORM FOR HOTEL
CLASSIFICATION 1995**

Name of Hotel : _____

Address : _____

Postcode : _____

Tel. No. : _____ Fax No : _____

Name of Person : Mr/ Mrs/ Ms _____

Supplying Information : _____

Designation : _____

Note: The star rating scheme is only applicable to hotels with a minimum of ten lettable room

GENERAL QUESTION

Number of Rooms in your hotel by type.

Type	Studio	One Bedroom	Two Bedroom	Three Bedroom
Number				

For
Official
Use

Comments _____
 [if any] _____

Please rate the facilities/services provided in your hotel according to the star rating criteria given in **“Guidelines For Tourist Accommodation Premises Classification”** guidebook, on the following:

(Note : * Numbers within brackets refer to the items of the Apartment Hotel star rating criteria as given in the guidebook)

1. Apartment requirements (1)

- Min. size of Bedroom (1.1)
- Furniture and Fittings (1.2)
 - Built in Kitchen /cooking facilities
- Electrical Equipment (1.3)
- Thermal Conditions (1.6)
- Communication System (1.8)
- Audio Visual Installations (1.9)
- Sanitary Installation (1.14)
- Bed linen, Towels (1.16)

Assessment
by Hotel

Assessment
by Star Rating
Team

Star Rating

I. How would you propose that your hotel be rated?

III. Overall/Comments: (if any)

I hereby declare that to the best of my knowledge and belief all the particulars furnished herein are true.

Signature : _____

Name : _____

Designation in Hotel : _____

Date : _____

~~~~~  
Completed forms are to be returned to the following address:

**Urusetia Pengelasan  
Unit Premis Penginapan Pelancong  
Bahagian Pelesenan Pelancongan  
Kementerian Pelancongan Malaysia  
Aras 1, No.2, Menara 1  
Jalan P5/6, Presint 5  
62200 PUTRAJAYA  
Fax : 03-8891 7201**



Ministry of Tourism Malaysia  
[www.motour.gov.my](http://www.motour.gov.my)

