

CONFIDENTIAL

Assessment Form
Orchid Rating
of Hotel



Ministry of Tourism Malaysia
www.motour.gov.my

THE ORCHID CLASSIFICATION SCHEME

In addition to the existing Hotel Classification Scheme better known as Star Rating, the Ministry of Tourism Malaysia has also introduced the Orchid Classification Scheme. This scheme has been formulated to accommodate those hotels which do not qualify for any Star Rating. Besides hotels, the scheme also classifies hostels, Beds and Breakfasts, inns, boarding houses, rest houses and lodging houses. The Orchid rating is awarded to tourist accommodation premises with basic facilities which include good, safe and clean accommodation and a friendly hospitable atmosphere. It is only applicable to premises with at least ten lettable rooms.

Why Orchid?

The name 'Orchid' has been chosen because the Orchid belongs to the largest family of flowering plants with near limitless varieties, found throughout Malaysia. Tourist accommodation premises with basic facilities also encompasses the biggest percentage of tourist accommodation premises in Malaysia and are found all over the country. Guests staying in premises awarded with the Orchid rating can be assured of satisfaction and value for money. The Ministry firmly believes that Orchid rated premises will be much sought after by budget conscious tourists, just like orchids being sought by orchid lovers.

GUIDELINES FOR FILLING ASSESSMENT FORM

GARIS PANDUAN BAGI MENGISI BORANG PENILAIAN

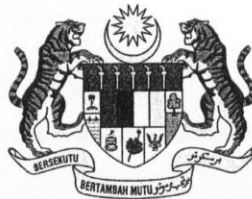
1. Please refer to the minimum Orchid requirements in the guidebook "**Guidelines For Tourist Accommodation Premises Classification**" when filling the assessment form.

*Sila rujuk kepada syarat minimum Orkid yang terkandung di dalam "**Buku Panduan Pengelasan Premis Penginapan Pelancong**" (juga terdapat di laman web rasmi Kementerian Pelancongan Malaysia) semasa mengisi borang penilaian.*

2. For all questions, the answers on Orchid grading are to be assessed on a scale of 0 to 3 as follows:

Untuk semua soalan, sila berikan markah penilaian mengikut skala berikut

Assessment	Marks
Very Good Quality	2.1 - 3
Good	1.1 - 2
Poor	0.1 - 1
Not Provided	0



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APPLICATION FORM FOR ORCHID RATING OF HOTEL

Name of Hotel : _____

Address : _____

Postcode : _____

Tel. No. : _____ Fax No : _____

GENERAL INFORMATION

Number of rooms in your premise by type:

Type	Dormitory	Single Room	Double Room
Number			

For
Official
Use

Comments _____
 (if any) _____

ASSESSMENT FORM

A. CLEANLINESS AND HYGIENE STANDARD

Assessment
by Hotel

Assessment
by Orchid
Rating Panel

A.1 Dustbins

A.2 Sanitary Installation / toilet

A.3 Health Awareness Message

A.4 Kitchen

A.5 Refuse

A.6 Insect and Vermin Protection

B. BUILDING SAFETY AND GUEST SECURITY

B.1 Corridors

B.2 Fire Security and Safety Facilities

B.3 Emergency Power Supply

C. FACILITIES AND SERVICES

C.1 Reception Area

C.2 Public Toilet

C.3 Thermal conditions for Common Areas

C.4 Public Telephone

C.5 Lifts/Elevators

C.6 Front Desk Service

C.7 Taxi Service

C.8 Tourism Information

C.9 First Aid Facilities

Assessment
by Hotel

Assessment
by Orchid
Rating Panel

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Assessment
by Hotel

Assessment
by Orchid
Rating Panel

D. BEDROOM REQUIREMENTS

D.1	Minimum Size Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.2	Non - Smoking Room	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.3	Bedroom Furniture	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.4	Bed linen, Towels	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.5	Bedroom Windows	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.6	Bedroom Doors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.7	Sound -Proofing Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.8	Thermal Conditions in Bedroom; Ventilation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.9	Bedroom Communication	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.10	Drinking Water in Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.11	Information Material in Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.12	Kiblat Sign in Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E. STAFF

E.1	Mode of Greeting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.2	Language	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.3	Number of Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.4	Citizenship	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.5	Quality of Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Orchid Rating

I. How would you propose your tourist accommodation premise to be rated?

II. Comments: (if any)

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

Signature : _____

Name : _____

Designation in Hotel : _____

Date : _____

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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**





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