

Check List After Use of Facilities

Organization _____

Date of Use _____

Facility/Area _____

____ Garbage Cans emptied and disposed in
receptacle.

____ New garbage bags placed in garbage
cans.
(If cans needs cleaning please note in comments
section)

____ ALL garbage cans in kitchen.

____ Sinks cleaned.

____ Dishes, pots, paper goods, etc. put away.

____ Refrigerator cleaned and remove left over
food

____ ALL food removed from refrigerator or
Labeled and stored IN basket.

____ Stove/ovens cleaned.

____ Counters neat and tidy?
(NOTHING left Counters)

____ Recyclables rinsed and in recycle
container. (If this container is full, please note
in comments)

____ Floor clean

____ Furniture clean.

____ Furniture in order.

____ Chairs stored properly.

____ Chairs set up properly

____ Tables set up properly.
(See diagram.)

____ Desks in order.

____ Decorations/posters removed.

____ Keys returned.

____ AC/HVAC off

____ Doors/windows closed.

____ Cardboard folded and placed outside back door
under covered area.

Signed _____

Date: _____

Please return completed form to office within 24 hours of event.

Comment:
