

ALBERT E. WARRENS RECEPTION CENTER

Event User/Coordinator/Sponsor - CHECK OFF LIST

*The event coordinator will be responsible for completing this form making sure the facility is vacant, and locking up the facility when the event is complete.

Name: _____

Event: _____

Date: _____

Please Use the Following Checklist After Using the Kitchen

Kitchen Equipment

Did you -

- 1) Use the oven or stove?
Are they turned off and clean? Yes No
 Yes
- 2) Use the refrigerator?
Is it empty and wiped clean? Yes No
 Yes
- 3) Use the microwave?
Is it clean? Yes No
 Yes
- 4) Use the dishwasher?
Is it off and clean? Yes No
 Yes

General Kitchen Clean up

Have you -

- 1) Cleaned off counters and tabletops? Yes
- 2) Cleaned the sink? Yes
- 3) Swept kitchen floor? Yes
- 4) Cleaned the cabinet doors? Yes

*Cleaning materials are under the kitchen sink, terry towels are in the cabinet above the sink, and brooms are in the closet by the double glass back doors.

Facility Lock up. Have you

- 1) Turned off all lights? Yes
- 2) Locked all doors upstairs and down? Yes
- 3) Locked up garage? Yes
- 4) Locked all gates? Yes
- 5) Remember that the white gates must be locked from both sides?

Final Step

*****Please sign and leave completed form on the clipboard on the kitchen counter.*****

Signature: _____ **Date:** _____