



**COMMUNITY ROOM DEPARTURE CHECKLIST
(TO BE COMPLETED AND RETURNED WITH KEY AFTER USE OF ROOM)**

- _____ TABLES/CHAIRS SET UP AS FOUND
- _____ ENTIRE ROOM SWEEPED
- _____ ALL TABLES WIPED CLEAN
- _____ CLEAN KITCHEN (SINK, INSIDE REFRIGERATOR, STOVE)
- _____ BATHROOMS – BE CERTAIN TOILETS ARE FLUSHED, GARBAGE EMPTIED, SINK CLEAN
- _____ EMPTY ALL GARBAGE CAN RECEPTACLES AND LINE WITH NEW TRASH CAN LINER
- _____ CLEAN GLASS ON ENTRY DOORS
- _____ TAKE ALL GARBAGE UPON LEAVING PREMISES
- _____ REMOVE ALL DECORATIONS, BOTH INSIDE AND OUTSIDE THE BUILDING
- _____ LOCK ALL DOORS/WINDOWS
- _____ DROP OFF KEY IN NIGHT DEPOSIT BOX ALONG WITH THE COMPLETED

CHECKLIST

ALL CHECKLIST ITEMS HAVE BEEN COMPLETED

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

IF ORGANIZATION, NAME OF GROUP USING ROOM _____

DATE ROOM USED: _____

NOTE ANY PROBLEMS BELOW:

EMERGENCY CONTACTS:

BUILDING ISSUES: JON MACSWAN 570-2479

OTHER ISSUES: TAMARA COOPER- 998-3637

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