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

_____ **TABLES/CHAIRS SET UP AS FOUND**

_____ **ENTIRE ROOM SWEPT AND DAMP MOPPED**

_____ **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**

_____ **CHECK THERMOSTAT SETTING – SET AT 62 DEGREES**

_____ **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: **LOU ANN MURAWSKI 830-0736**
TAMARA COOPER 998-3637