COMMUNITY CENTER INSPECTION REPORT

Responsible Person: ____________________________________________________________________

Address of Responsible Person: _________________________________________________________

Home Phone: ____________________  Work Phone: _________________  Cell Phone: ______________

Type of Function: ______________________________________________________________________

Date Used: ___________________________________________________________________________

CLEANING CHECK LIST

☐ Clean Kitchen
  ☐ Inside Stove  ☐ Inside Fridge  ☐ Inside Microwave  ☐ Inside Cabinets  ☐ Counters

☐ Garbage taken out and installed new bags in containers (Bags should be in bottom of trash can)

☐ Tables and Chairs stacked back in place (Chairs should be stacked 5 high)  (See photos on back)

☐ Floors Clean
  ☐ Sweep  ☐ Mop

☐ All toilets flushes and cleaned
Round Tables In Closet
Long Tables
Short Tables
Stack Chairs
5 High
Clean Counter Tops & all appliances