

# Facility Use Check List

To be completed at the end of your event. Questions? Please contact us at [calvaryinbox@gmail.com](mailto:calvaryinbox@gmail.com)

## Please don't let children play in classrooms

ENTRY	Initial	Inspection
<input type="checkbox"/> Vacuum Carpet	_____	_____
<input type="checkbox"/> Wipe Down tables and couches	_____	_____
<input type="checkbox"/> Check all rooms to see if a mess was made by others	_____	_____
<input type="checkbox"/> Empty Trash (check all rooms)	_____	_____

KITCHEN	Initial	Inspection
<input type="checkbox"/> Empty all trash containers, replacing liners (take to dumpster)	_____	_____
<input type="checkbox"/> Wipe Counters	_____	_____
<input type="checkbox"/> Sweep & mop floor	_____	_____
<input type="checkbox"/> Clean out all your food items out of refrigerator	_____	_____
<input type="checkbox"/> Clean, Dry and Put away all dishes used	_____	_____

FELLOWSHIP HALL	Initial	Inspection
<input type="checkbox"/> Vacuum Carpet	_____	_____
<input type="checkbox"/> Wipe all tables	_____	_____
<input type="checkbox"/> Empty all trash cans, replace bag (take trash to dumpster)	_____	_____
<input type="checkbox"/> Put room back as you found it (recommended to take pictures before set up of event)	_____	_____

BATHROOMS	Initial	Inspection
<input type="checkbox"/> Empty all trash containers, replacing liners (take to dumpster)	_____	_____
<input type="checkbox"/> Flush All toilets	_____	_____
<input type="checkbox"/> Wipe up any water on counters	_____	_____
<input type="checkbox"/> Sweep and mop floors	_____	_____

Date of event \_\_\_\_\_

Time of event \_\_\_\_\_

Signature of person responsible for use of the facilities \_\_\_\_\_

Signature of inspection person \_\_\_\_\_

Inspection Comments: \_\_\_\_\_

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