GAINES CHARTER TOWNSHIP
COMMUNITY ROOM CLEANING CHECKLIST

EVENT NAME: _____

CONTACT NAME: _____

EVENT DATE: _____ EVENT TIME: _____

Have You:

Main room:

- Cleared all food/debris from chairs and tables
- Returned chairs and tables to their original locations
- Cleared all food/debris from the floors (SWEPT & MOPPED)

Kitchen: ☐ **Check here if kitchen was not used**

- Cleaned all appliances (microwave/stove/coffee pot/refrigerator)
- Washed and returned any items used to their proper cabinet/drawers
- Cleaned counters and sink
- Removed food/beverages from refrigerator
- Wiped down inside and outside of refrigerator as needed
- Swept and mopped floor
- Placed garbage in dumpster in lower-level parking lot

Audio/Visual Equipment: ☐ **Check here if A/V Equipment was not used**

- Placed cords neatly in original position
- Turned off equipment

General:

- Swept and mopped all floors (including restrooms)
- Wiped down men's and women's restrooms as needed
- Placed trash bags in dumpster in lower-level parking lot
- Removed all decorations (pushpins returned to holder)
- Cleaned all obvious handprints (etc.) from windows/doors
- Confirmed all guests are out of the building
- Turned off all lights
- Locked all doors

Any damage must be reported immediately.

Signature: _____ Date: _____