

COMMUNITY CENTER INSPECTION REPORT

Responsible Person : _____

Address of Responsible Person: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Type of Function: _____

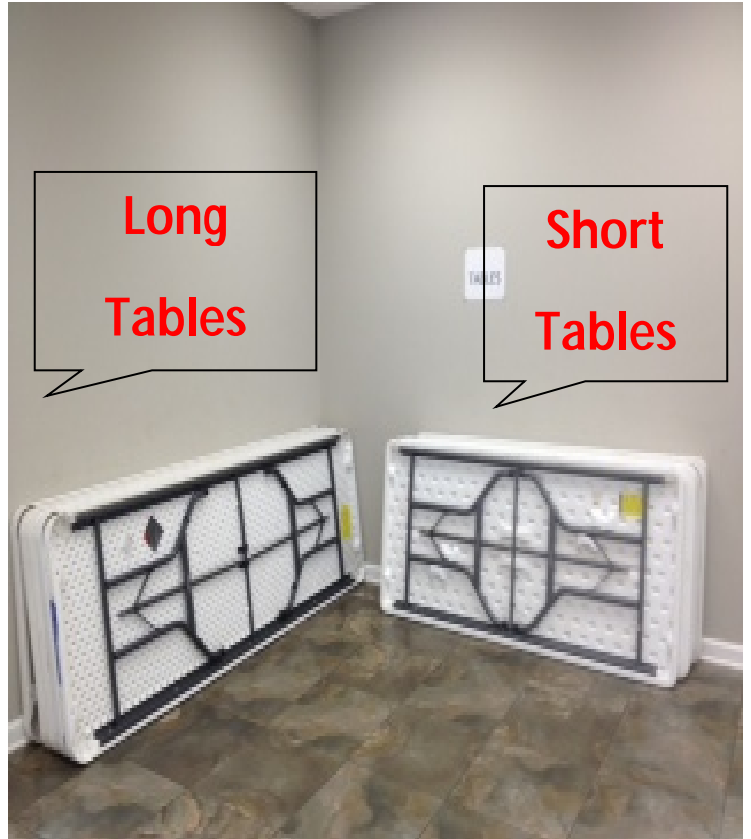
Date Used: _____

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**