After Use and Closing Procedure Check List For Community Hall and Jacobs Road

Complete this check list only for your areas of use. **Please make notes** below for any comments of areas, equipment, etc. that are needing attention or repair. Facilities must be left in as good or better condition than you found them.

_	AL USE Verify all windows and outside doors are locked.
	Floors are broom clean.
	COMMUNITY HALL: Portable air filters are turned off.
	Anything you have taken out, gets put back where you found it.
	Furniture returned as found.
	Event trash and supplies are removed from the premises.
	Lights are off EXCEPT in main building entry way of Jacobs Road.
	COMMUNITY HALL: Heat is turned down to 62 degrees downstairs and vent rugs are placed over vents upstairs.
	JACOBS ROAD: Heat is turned down to 62 degrees.
	Windows and outside doors are securely closed and locked.
Code cl	ers of the kitchens are expected to use good hygienic practices at all times and to follow all Food leaning and sanitation procedures. At the end of your shift, the kitchen must be left in as good or condition than you found it.
КІТСНЕ	N AND FOOD SERVING AREAS
	All equipment used is clean, washed, and sanitized.
	Anything you plugged in, is unplugged.
	Any equipment you turned on, you turn off.
	Dishes are washed, sanitized, and returned to storage as they were found.
	Dishwasher is emptied and turned off.
	Jacobs Road: Steamer and dishwasher doors are left open.
Ц	All dining tables, sinks, and counters are cleaned, washed, and sanitized as posted in accordance with Food Code standards.
	Tables and chairs are folded, arranged, stacked, and stored as they were found.
	Floors are broom clean.
	Hood over stove is switched off.
	COMMUNITY HALL: Portable air filters are turned off.
	All food and supplies are removed from the premises.
	All waste and trash are removed from the premises.
Ц	COMMUNITY HALL: Lights are turned off.
BATHR	
	Toilets are flushed.
	Trash is removed from the premises.
	COMMUNITY HALL: Lights are turned off.

Notes:	
Please complete and	d sign this checklist and leave on the kitchen counter prior to leaving the facility.
Retur	n Key according to prearranged instructions.
Print Name:	
	able:
	Phone:
Date:	