

Checklist for Kitchen Use

Event _____ Date _____ Time _____

Person in charge of Kitchen (during reservation) _____

Phone number of responsible person (_____) _____

_____ clean all counters and sinks used

_____ clean any equipment used

_____ check to be sure all equipment is turned off

_____ clean counter top at serving window

_____ Wash all items used for serving or food preparation

_____ put washed items in appropriate storage areas

_____ leave dish cloths and dish towels in plastic container labeled "Laundry."

_____ check to be sure nothing is left on the stove-top, and that all stove knobs are removed, counted, and placed in the jar next to the stoves.

_____ All food brought in removed from the refrigerator and freezers

Checklist completed by (Person who reserved the kitchen)

(Signature) _____ Date _____

Please return this completed checklist to the office with your copy of the reservation form (on next business day after reservation).

THANK YOU!!