

Committee _____

Date _____

Opening Checklist	YES	NO	COMMENTS
Deactivate Alarm			
Turn on lights			
Unlock back gate(return key to drawer in proper container)			
Restrooms cleaned*****			
Stove off/Cleaned			
Refrigerator cleaned (no food left)			
Kitchen floor mopped			
Trash left in all cans			
Chairs in place			
Copy machine on/off			
Computers on/off			
Carpet Vacuumed			
Signature _____			
Closing Checklist			
Back gate locked			
Back door locked			
Trash emptied			
Restrooms cleaned***			
Stove off/Cleaned			
Refrigerator cleaned (no food left)			
Kitchen Cleaned			
Kitchen floor mopped			
Copy machine off			
Computers off			
Chairs in place			
Tables replaced in table racks			
Carpet Vacuumed			
All flyers and handouts removed and discarded			
Inside doors locked			
Turn off lights (make sure to check restrooms)			
Check front door and lock bottom lock			
Signature _____			
***Restrooms- Toilet paper and paper towels, replaced)			