

Community Room Cleanliness Checklist

Organization Name: _____

Resident Name: _____

Inspection Before Event

Inspection After Event

Community Room

Tables cleaned and set up to original condition

Chairs cleaned and set up to original condition

Garbage Cans placed in same location

Garbage removed (carry in / carry out)

Floors Cleaned

Lights Off

Kitchen (If used)

Dishwasher Drained

Dishwasher Turned Off

Stove clean

Garbage removed

Refrigerator items used removed

Floors Cleaned

All counters cleaned

All dishes washed

Dishes put away

Utensils clean and put away

Lights Off

Restroom(s)

Ensure no paper products on floor

Sinks Clean

Inspect entire area for cleanliness

Please List Any Damages, problems or occurrences: _____

I, _____, certify that all above identified items have been accomplished.
My signature certifies that the facility was left in original condition which will result in full refund of security deposit.

Signature

Date: _____