



GATHERING PLACE

RENTALS (or program use) CHECK LIST



Before leaving our facility, sign off on each closing task when completed - if not applicable put N/A

For a full deposit refund, please ensure everything on this list has been completed

(Required for deposit return)

Mandatory Closing Tasks	Initial when Completed
KITCHEN	
Dispose of cooking oil in appropriate container and place in garbage outside (NOT SINK)	
Ensure any dishes/utensils/pots used are put away clean	
Empty water from dishwasher, clean trap and turn off	
Clean the Stoves, Ovens, Microwave and Sinks	
Stoves and Ovens and Exhaust fan are off	
Coffee Machine is off; filters removed, basket washed and jugs are clean	
Wipe down the counters and any prep areas used	
FRIDGE* Remove any left overs; wipe shelves if spillage	
* Outside rental? - remove any supplies you have brought	
Recycling is in appropriate containers near indoor entrance	
Garbage is placed in bag/s and removed to the outside bins	
Ensure Ice machine is turned off and door left open for ice to melt	
Back Kitchen door is closed	
If you have used tables/chairs outside (<i>with previous permission</i>) they must all be brought back into the gym.	
GYM	
Return Premises to General conditions and repair it was found	Initial when Completed
Garbage is placed in bag/s and removed to the outside bins	
Recycling is in appropriate containers near indoor entrance	
Tables and Chairs are repositioned as found	
Nothing is left on stage or bathrooms	
All decorations are removed/disposed of	
* If HFN Staff Program and you do not already have a custodian work order to close: Ensure all entrance doors are closed and locked	
RENTALS: LEAVE THIS CHECK LIST BESIDE KITCHEN DOOR (ON COUNTER) BIN FOR REVIEW	
PROGRAM: SCAN and email to Operations Manager by next business day	

REPORT - Please report breakages and anything that is not working properly to
Lori Anne Stanger – operationsmanager@hiawathafn.ca or 705-295-4421 ext. 211

RENTER / PROGRAM NAME: _____

Signature: _____ Date: _____

Thank you in advance for helping us keep our facility clean and ready for the next user.

OFFICE USE ONLY: Form is accurate, release deposit:

Name: _____ Signature: _____