

KITCHEN SIGN IN/SIGN OUT FORM

EVENT _____ DATE _____

POINT PERSON _____ CONTACT NUMBER _____

EQUIPMENT LIST

USE (YES OR NO)

Stove	_____
Griddle	_____
Oven	_____
Hood/fan	_____
3 Compartment sink	_____
Small utility sink	_____
Heat lamps	_____
Refrigerator	_____
Freezer	_____
Microwave	_____
Coffee Urn(s)/Maker(s)	_____
Beverage dispensers	_____
Rolling cart(s)	_____
Outside grill	_____

CHECKLIST FOR AFTER EVENT

Countertops cleaned	_____
Equipment/dishes/utensils cleaned & put away	_____
Refrigerator/Freezer doors closed	_____
Floors swept/mopped	_____
Trash removed	_____

After event, please sign and date form and return to Facilities mailbox located in the Mail Room.

Signature and date