**GOOMALLING SPORT AND COMMUNITY CENTRE**

**HIRE CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation: |  | | |
| Contact Name: |  | Phone: |  |
| Area(s) Hired: | □ Function Room □ Meeting Room □ Kitchen □ BBQ | | |
| Date of Hire: |  | | |

By completing this checklist you have taken on the responsibility of ensuring our building is left in a neat and tidy condition and all appliances and equipment have been used correctly. Please complete this checklist prior to leaving the building and leave in the drawer in the kitchen.

|  |  |  |
| --- | --- | --- |
| **AREA** | **ACTION** | **DONE** |
| **Kitchen** | Gas cooker cleaned and turned off | 🞏 |
|  | Ovens turned off correctly | 🞏 |
|  | Fryers turned off and lids put back on | 🞏 |
|  | Bain Marie cleaned and turned off | 🞏 |
|  | Heat lamps turned off | 🞏 |
|  | Chip warmer cleaned and turned off | 🞏 |
|  | Cool room light turned off and door shut properly | 🞏 |
|  | Fridge/freezer/warmer cleared (if you supplied your own food, etc.) | 🞏 |
|  | Bench tops cleared and wiped down | 🞏 |
|  | Dishwasher cleaned as per instructions on wall and turned off | 🞏 |
|  | Sweep and mop floor | 🞏 |
|  | Rubbish from inside bins to be placed in outside wheelie bins located at rear of building | 🞏 |
|  | Note any GSCC food or other items used in Notes section below - nuggets, containers, etc and advise if you will be replenishing the items or wish to be invoiced for them | 🞏 |
|  |  |  |
| **Function Room** | All tables cleaned and put back to original location with chairs | 🞏 |
|  | Vacuum carpet and mop floors | 🞏 |
|  | Rubbish from inside bins to be placed in outside wheelie bins located at rear of building | 🞏 |
|  |  |  |
| **Meeting Room** | Air conditioner turned off | 🞏 |
|  | Room tidied and chairs put back neatly | 🞏 |
|  | Vacuum carpet | 🞏 |
|  | All personal belongings taken | 🞏 |
|  |  |  |
| **BBQ** | Fat tray emptied | 🞏 |
|  | BBQ cleaned and returned to original location | 🞏 |

**Notes:** *e.g.* *any food items, containers, consumables used, breakages, etc. (continue overleaf if more space needed)* ………………………………………………………………………………………………………………………………………………………………………………………………

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Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please leave completed forms in kitchen drawer for collection**

**GSCC Use Only**

|  |  |  |
| --- | --- | --- |
| Checked By: | Signed: | Date: |

Form updated: Oct24