

Church of the Assumption
Facility Use Check List Visiting Organizations

Name of Organization _____ Today's Date _____

Name of Representative _____

Email address: _____ Contact Phone: _____

Date of event: _____ Start Time: _____ End Time: _____

NOTE: to help other groups who may have meetings at the same time as yours, please notify your meeting/group members about the time and room of your event.

ORIENTATION TO FACILITY

- _____ Location of lights
- _____ Location of tables and chairs
- _____ Location of First aid kits
- _____ Do basketball hoops need to be up or down? _____
- _____ Stove on or off? _____
- _____ Operation of stove fan and light
- _____ What outside doors will be used?
- _____ Signage? Where?
- _____ Location of can liners
- _____ Location of brooms, mops, and vacuum
- _____ Location of dumpster
- _____ Location of Automatic External Defibrillator (AED)
- _____ Location of Bathrooms
- _____ Hear? Air?
- _____ Location of lists of emergency numbers to call (Jim Robinson's cell is 749-4991)
- _____ In case of medical emergency, call 911, then call Jim Robinson

CHECK LIST FOR CLEAN UP

- _____ Check for spills on floor
- _____ Do floors need sweeping?
- _____ Take trash to dumpster.
- _____ Put new can liners in barrels
- _____ Wash and put away kitchen items
- _____ Put away chairs and tables
- _____ Vacuum rugs if necessary
- _____ Lights turned off
- _____ Keys returned to location

Sponsoring Staff Member _____

Staff Member Giving Orientation _____

SIGNATURE OF VISITING

ORGANIZATION REPRESENTATIVE: _____