



FACILITY RENTAL - INSPECTION CHECKLIST

Renter Contact: _____ Date: _____

Facility: _____

City Equipment Used: _____

Complete a walk-through BEFORE and AFTER the event with Facility Staff. In some instances, staff may instruct you to complete your own before & after walk-through and submit it for review.

Indicate with a checkmark that you completed the required service or indicate that the area does not apply by marking "N/A" in each of the following areas:

	BEFORE	AFTER
♦ Garbage, debris, and recyclables are picked up from inside and outside the facility, sealed in plastic bags, and deposited in dumpsters, including cigarette butts.	<input type="checkbox"/>	<input type="checkbox"/>
♦ Furnishings are returned to their original location including chairs, tables, trash cans, etc.	<input type="checkbox"/>	<input type="checkbox"/>
♦ Tables and chairs are clean and properly stored.	<input type="checkbox"/>	<input type="checkbox"/>
♦ Kitchen countertops and sinks are wiped down and clean.	<input type="checkbox"/>	<input type="checkbox"/>
♦ Microwave/Refrigerator/Oven empty and cleaned of all food spills.....	<input type="checkbox"/>	<input type="checkbox"/>
♦ Floors are clean (swept and mopped with clean hot water) and janitorial equipment is returned to original location.	<input type="checkbox"/>	<input type="checkbox"/>
♦ Decorations are removed (including tape used to secure them).....	<input type="checkbox"/>	<input type="checkbox"/>
♦ Personal belongings are removed from the facility.....	<input type="checkbox"/>	<input type="checkbox"/>
♦ Equipment is in working order and properly stored including no spills on pool tables (where applicable).	<input type="checkbox"/>	<input type="checkbox"/>
♦ Doors are locked and secured (where on site staff are not present).....	<input type="checkbox"/>	<input type="checkbox"/>
♦ Clean up spills and excess dirt on carpeting.	<input type="checkbox"/>	<input type="checkbox"/>

Comments regarding the condition of the facility or equipment before and/or after the rental: _____

After satisfactory inspection of the facility, the Security Deposit paid by credit card will be refunded within 10 business days. Cash and check deposits will be refunded within 30 days. Damages to facility and/or equipment will be assessed based upon repair or replacement costs. If costs exceed Security Deposit an invoice will be submitted to collect remaining charges. If the facility is not properly cleaned, any cleaning done by Facility staff will be deducted from the Security Deposit at a rate of \$75/hour. If credit card number is on file, we reserve the right to charge any extra costs due to damage, cleaning or going over rental time to the card without additional permission from renter. Renter will be notified by mail of any charges to credit card.

I have completed a walk through of the facility and performed the tasks stated above. Everything has been left in good order, as it was found, except as noted above. By our signatures below, we acknowledge the cleanliness and condition of the facility and equipment after the rental group activity.

Renter **Sign-In** Signature: _____ Time-In: _____

Renter **Sign-Out** Signature: _____ Time-Out: _____

Facility Staff Signature: _____