

Facility/Site Use Checklist

Organization/Individual Information

Name of Organization _____

Mailing address _____

Name of sponsor _____

Sponsor's work phone () _____ Cell phone(s) _____

Sponsor's home phone () _____ e-mail _____

Facility/Site information

Building being used _____

Room(s) being used _____

Reason for use _____

Date(s) requested _____

Time requested From _____ to _____

Number of participants _____

Equipment Information

Equipment needed _____

Conditions prior to use: (Y or N)

____ 1. trash cans emptied

____ 2. lights working

____ 3. floors swept

____ 4. walls damaged

____ 5. damaged furniture

____ 6. area generally clean

____ 7. door locked

____ 8. bathrooms clean/stocked

____ 9. bathroom damage

____ 10. ceiling tiles

____ 11. keys returned if required

____ 12. other items to note

Condition comments by number:

Signatures	
Organization sponsor _____	date _____
Attendant _____	date _____

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Garfield School District No. Re-2, Rifle, Colorado