



# Tracy Unified School District

## FACILITY USE POOL CHECK-IN

### Before Use Checklist

By signing this form, the Renter is aware of emergency exit, fire extinguisher locations and landline phones are not available. **Food and glass are prohibited in all pool areas.** Assigned Custodian provides renter with approved requested equipment. Custodian does not set-up or tear down for Renters. Renter puts all trash in garbage bins and wipes up spills. Renter is prohibited to staple, pin or hammer nails into any TUSD property walls, equipment or structures. Renter is responsible for supervising everyone in their organization including spectators and children.

**Site:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Open Time:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

√ **District Employee Opening Facility (Print Name):** \_\_\_\_\_

√ **Signature of Organization Representative:** \_\_\_\_\_

√ **Print Name:** \_\_\_\_\_

### Checklist for condition of each area before use:

Clean	No Damage	Area	Exceptions Noted:
<input type="checkbox"/>	<input type="checkbox"/>	Pool Area	
<input type="checkbox"/>	<input type="checkbox"/>	Bleachers	
<input type="checkbox"/>	<input type="checkbox"/>	Rest Rooms	
<input type="checkbox"/>	<input type="checkbox"/>	Parking Lot	
<input type="checkbox"/>	<input type="checkbox"/>	Grass Areas	
<input type="checkbox"/>	<input type="checkbox"/>	Other	
<input type="checkbox"/>	<input type="checkbox"/>	Other	

### Check condition of approved equipment before use:

Clean	No Damage	List Approved Equipment	Exceptions Noted:
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

### Custodian and Renter describe check-in issues:




# Tracy Unified School District

## FACILITY USE POOL CHECK-OUT

### After Use Cleaning Checklist

**Site:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Open Time:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

#### Checklist for condition of each area before use:

Clean	No Damage	Area	Exceptions Noted:
<input type="checkbox"/>	<input type="checkbox"/>	Pool Area	
<input type="checkbox"/>	<input type="checkbox"/>	Bleachers	
<input type="checkbox"/>	<input type="checkbox"/>	Rest Rooms	
<input type="checkbox"/>	<input type="checkbox"/>	Parking Lot	
<input type="checkbox"/>	<input type="checkbox"/>	Grass Areas	
<input type="checkbox"/>	<input type="checkbox"/>	Other	
<input type="checkbox"/>	<input type="checkbox"/>	Other	

#### Check condition of approved equipment after use:

Clean	No Damage	List Approved Equipment	Exceptions Noted:
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

#### Custodian and Renter describe Check-Out issues:


√**District Employee Closing Facility (Print Name):** \_\_\_\_\_

√**Signature of Organization Representative:** \_\_\_\_\_

√**Print Name:** \_\_\_\_\_

*If renter did not perform required clean-up and additional time is required to complete clean and close, you will need to obtain authorization from one of the following employees:*

*Maintenance Coordinators: 321-6229 or 321-3925; KHS Maintenance Supervisor: 321-6205,*

*THS Maintenance Supervisor: 321-321-0349, WHS Maintenance Supervisor: 321-3625 or*

*Director of MOT/Facility Use: 321-3708 or Other: 321-0984*

*For Facility Use Questions or Conflicts contact Facility Use Coordinator: 830-3297*