

**Freeman Nutrition Services**  
**Community Use of Kitchens**  
**Pre/Post Use Checklist**

Person in Charge: \_\_\_\_\_

Expiration Date of Food Handler Card: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Event: \_\_\_\_\_

**Pre Use Condition Checklist**

- \_\_\_ Paper Towel Dispenser filled
- \_\_\_ Garbage cans emptied
- \_\_\_ All surface areas clean
- \_\_\_ Floor swept
- \_\_\_ Sinks clean and dry
- \_\_\_ Dishes put away
- \_\_\_ Ovens off
- \_\_\_ Ovens wiped out
- \_\_\_ Towels in washer
- \_\_\_ Towels in Dryer
- \_\_\_ Thermometers cleaned
- \_\_\_ Any equipment moved

**Post Use Condition Checklist**

- \_\_\_ Paper Towel Dispenser Filled
- \_\_\_ Garbage cans Emptied
- \_\_\_ All surface areas clean
- \_\_\_ Floor Swept
- \_\_\_ Sinks clean and dry
- \_\_\_ Dishes put away
- \_\_\_ Ovens off
- \_\_\_ Ovens wiped out
- \_\_\_ Towels in washer
- \_\_\_ Towels in Dryer
- \_\_\_ Thermometers cleaned
- \_\_\_ "Re-placed" equipment
- \_\_\_ Kitchen supplies used,

**Please List Supplies used:**

Additional Comments on condition of kitchen before and after use:


Lights out! Thank you!  
Signature \_\_\_\_\_

**Marci McGill Office 291-7510; Cell – 509-847-5519**