



POST-EVENT CHECK-OUT LIST

Group Name: _____

Date: _____ **Time:** _____

Recurring: _____

(First Sunday of Every Month for example)

1. ____ *Take trash with you*
2. ____ *Was the Unisex Restroom used during your event?*
3. ____ *If yes on #2: *Were all lights turned off in the building?*
4. ____ *Closed ALL interior fire doors*
5. ____ *Check that Adams Hall Glass Entry Vestibule doors closed and locked.*

Was there anything you noticed that needs to be brought to the attention of the Facilities Manager? If so, explain:

Print Name: _____

Signature of Group Leader: _____ **Date:** _____