

KITCHEN REQUISITION FORM

Ministry Event: _____

Point Person: _____ Contact number: _____

Date of Event: _____

EQUIPMENT USE USE (YES OR NO) CLEANING CHECKLIST COMPLETED

Stove		Sinks-empty and cleaned	
Oven		All equipment returned/put away	
Grill		Counters cleaned	
Hood/fan		Prep table cleaned	
3 Compartment Sink		Stove burners/oven turned off	
Small Sink		Stove wiped down	
Food Warmer		Unused items returned to pantry	
Refrigerator		Items removed from refrigerator/freezer	
Freezer		Dirty towels removed (return within 2 days)	
Ice Machine		Garbage taken to dumpster	
Coffee Maker (home style)		Recycled items in appropriate bins	
Coffee Urn(s)		Replace liners in cans	
Beverage Dispenser(s)		Floors swept	
Food Storage		Mop floors	
Utensils		Lights out	
Pitchers		Doors locked	

COMMENTS: _____

Please sign when completed and put in Facilities mailbox.

Signed: _____ Date: _____