

**RICHMOND KNOB HILL COMMUNITY ASSOCIATION
FACILITY RENTAL INSPECTION CHECKLIST**

Renter Contact: _____ Date: _____

Complete a walk-through BEFORE and AFTER the event with the Association representative. In some instances, the Association representative may instruct you to complete your own before & after walk-through and submit it for review.

Indicate with a checkmark that you completed the required service or indicate that the area does not apply by marking "N/A" in each of the following areas:

	BEFORE	AFTER
♦ Garbage (including cigarette butts), debris, and recyclables are picked up from inside and outside the facility, sealed in plastic bags, and deposited in dumpster.	<input type="checkbox"/>	<input type="checkbox"/>
♦ Furnishings are returned to their original location including chairs, tables, trash cans, etc.	<input type="checkbox"/>	<input type="checkbox"/>
♦ Tables and chairs are clean and properly stored.	<input type="checkbox"/>	<input type="checkbox"/>
♦ Kitchen countertops and sinks are wiped down and clean.	<input type="checkbox"/>	<input type="checkbox"/>
♦ Microwave/Refrigerator/Oven empty and cleaned of all food spills.	<input type="checkbox"/>	<input type="checkbox"/>
♦ Floors are clean (swept and mopped with clean hot water) and janitorial equipment is returned to original location.	<input type="checkbox"/>	<input type="checkbox"/>
♦ Decorations are removed (including any painters tape used to secure them).	<input type="checkbox"/>	<input type="checkbox"/>
♦ Personal belongings are removed from the facility.	<input type="checkbox"/>	<input type="checkbox"/>
♦ Equipment is in working order and properly stored.	<input type="checkbox"/>	<input type="checkbox"/>
♦ Doors are locked and secured.	<input type="checkbox"/>	<input type="checkbox"/>

Comments regarding the condition of the facility or equipment before and/or after the rental: _____

After satisfactory inspection of the facility, the damage deposit will be refunded within 14 days. Damages to facility and/or equipment will be assessed based upon repair or replacement costs. If the facility and equipment is not properly cleaned, any cleaning done by Association will be deducted from the damage deposit at a rate of \$25/hour. Additional charges will be levied if facility is left unsecured or if keys are lost, broken or returned late. If additional costs and charges exceed damage deposit an invoice will be submitted to collect remaining charges.

I have completed a walk through of the facility and performed the tasks stated above. Everything has been left in good order, as it was found, except as noted above. By our signatures below, we acknowledge the cleanliness and condition of the facility and equipment after the rental group activity.

Renter **Sign-In** Signature: _____ Time-In: _____

Renter **Sign-Out** Signature: _____ Time-Out: _____

Association Representative Signature: _____