

CONDITION SHEET

Use this form to assess damage or condition when first entering the Community Center for a function. Failure to record existing conditions or damage could place the liability on you. At the end of the function record any changes that occurred during the event. The condition in which you leave the Community Center will be noted by the next homeowner who uses it or by maintenance personnel on the first business day after your function.

CHECK IN

CHECK OUT

| FLOORS | Scratches | Debris | Spills | Other Comments | Scratches | Debris | Spills | Other Comments |
|---------------|-----------|---------|---------|----------------|-----------|---------|---------|----------------|
| YES | | | | | | | | |
| NO | | | | | | | | |
| WALLS | Scuffs | Tape | Holes | Other Comments | Scuffs | Tape | Holes | Other Comments |
| YES | | | | | | | | |
| NO | | | | | | | | |
| CEILING | Tape | String | Marks | Other Comments | Tape | String | Marks | Other Comments |
| YES | | | | | | | | |
| NO | | | | | | | | |
| DOORS | Locked | Scuffs | Damage | Other Comments | Locked | Scuffs | Damage | Other Comments |
| YES | | | | | | | | |
| NO | | | | | | | | |
| WINDOWS | Locked | Marks | Damage | Other Comments | Locked | Marks | Damage | Other Comments |
| YES | | | | | | | | |
| NO | | | | | | | | |
| COUNTERS | Clean | Cleared | Damage | Other Comments | Clean | Cleared | Damage | Other Comments |
| YES | | | | | | | | |
| NO | | | | | | | | |
| CABINETS | Closed | Scuffs | Damage | Other Comments | Closed | Scuffs | Damage | Other Comments |
| YES | | | | | | | | |
| NO | | | | | | | | |
| REFRIGERATOR | Cooling | Empty | Damage | Other Comments | Cooling | Empty | Damage | Other Comments |
| YES | | | | | | | | |
| NO | | | | | | | | |
| MICROWAVE | Working | Clean | Damaged | Other Comments | Working | Clean | Damaged | Other Comments |
| YES | | | | | | | | |
| NO | | | | | | | | |
| TABLES/CHAIRS | Stored | Clean | Damaged | Other Comments | Stored | Clean | Damaged | Other Comments |
| YES | | | | | | | | |
| NO | | | | | | | | |

SIGNATURE _____

DATE _____

