**End of Function Checklist**

Function \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ 1. All preparation equipment cleaned and sanitized.

\_\_\_\_\_ 2. All dirty pots, pans and bowls cleaned and sanitized and returned to **Appropriate Area**.

\_\_\_\_\_ 3. All dirty dishes, glassware and silverware washed and returned to **Appropriate Areas**.

\_\_\_\_\_ 4. All sinks cleaned and scoured.

\_\_\_\_\_ 5. Dishwasher turned off and **drained**. Interior sprayed.

\_\_\_\_\_ 6. All soiled linen, (if used) laundered, dried and folded. May use washer and dryer in Church Kitchen or take home and returned.

\_\_\_\_\_ 7. All tables, refrigerators, ice machine, counters and **Buffet** **Counter** cleaned and sanitized. All salt, pepper and sugar containers wiped down and refilled and returned to **Appropriate Area.**

\_\_\_\_\_ 8. **All garbage should be bagged and tied then set at exit door in Kitchen. DO NOT THROW LIQUIDS IN TRASH BAGS. POUR THEM INTO BROWN CONTAINERS PROVIDED.**

\_\_\_\_\_ 9. Put new clean bags in all garbage cans.

\_\_\_\_\_10. All leftover food removed from kitchen. **(NO FOOD SHOULD EVER BE LEFT BEHIND IN REFRIGERATOR OR ON COUNTERS. (ANYTHING LEFT WILL BE DISCARDED)**

\_\_\_\_\_11. Mop any spills on Kitchen or Fellowship Hall floors. Sweep Kitchen floor.

\_\_\_\_\_12. Be sure you are not accidentally taking any Church property. For example, plastic containers, etc.

\_\_\_\_\_13. **ALL ITEMS ARE TO BE PLACED BACK FROM WHERE THEY WERE TAKEN.**  **Be sure pantry is straightened up and items are returned to where they belong. Items taken from the Storage areas that were signed out should be returned to their original location and checked in.**

\_\_\_\_\_14. All cooking equipment turned off and cleaned (stove tops, ovens and convection oven, coffee pots, beverage containers).

\_\_\_\_\_15. Cook/Range light and fan turned off.

\_\_\_\_\_16. Wipe down areas in the Kitchen and Fellowship Hall even if not used during the Event.

**COMPLETED AND SIGNED FORM SHOULD BE PLACED ON KITCHEN DESK.**

Signature of Person(s) in Charge:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Facilitator

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Quarterly Coordinator **11/11/2023 11**