

FACILITY CHECKLIST FOR GROUPS

12 STEP RECOVERY CLUB

Date _____

Group Name _____

Day of Week (circle one) M - T - W - TH - F - SA - SU

Contact Name and Phone

Number(s) _____

Please complete this checklist when issues present themselves. Leave in rent box.

1. All furniture clean when you came. YES _____ NO _____
2. All portable fans/heaters/coolers lights are off. YES _____ NO _____
3. Coffee machine clean, grounds emptied and heating element turned off. YES _____ NO _____
4. Clean-up food, litter and spills. YES _____ NO _____
5. All trash cans emptied and taken to dumpster. YES _____ NO _____
6. Bathroom sink, toilet and floor clean. YES _____ NO _____

Please, NO SMOKING in the building. Smokers are to stand on the sidewalk.

NO unattended children outside or in cars.

Please only use food or supplies that are designated for your group.

Note below anything you found wrong or messy when you came.

Contact any Board member with any questions or concerns.

Thank You, Porterville 12 Step Recovery Club