KITCHEN CHECKLIST

DATE:____

Name of group:__________________________________

Signature of person in charge:_______________________

	"Yes"
All dishes washed and put away.	
Kitchen counters wiped off.	
Both dishwashers turned **OFF**.	
All stoves turned **OFF**.	
Fan turned **OFF**.	
Window closed.	
Turn off all lights.	

Please leave the completed checklist on the clip-board. Thanks for your cooperation in this effort to monitor utility costs.