

# MEETING / GATHERING REPORT

Meeting Name:	Meeting Date:
Meeting Organizer:	No. of Participants:

Please indicate which rooms listed below participants in your meeting accessed during the course of your event. This will assist the custodian in completing cleaning and disinfection.

## Lower Level

- Lower Hall
- Washroom – Men’s
- Washroom – Women’s
- Quilters/Healing Circle Storage Room
- Stairway
- Mechanical Room
- Kitchen (emergency only phone)

## Upper Level for St. John’s Groups ONLY

- Library
- General Office (Photocopier)
- Mailboxes

Back Hallway Staff Only

Sanctuary is CLOSED

## Problems Identified:

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## Comments:

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Custodian sign-off / date: \_\_\_\_\_