

# Catering Checklist

Date of Event: \_\_\_\_\_

Number of Guests: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Event Address: \_\_\_\_\_

Event Start Time: \_\_\_\_\_

Event Breakdown Time: \_\_\_\_\_

## Table Settings

Qty

Tablecloths	_____	<input type="radio"/>
Napkins	_____	<input type="radio"/>
Dinnerware	_____	<input type="radio"/>
Flatware	_____	<input type="radio"/>
Charger Plates	_____	<input type="radio"/>
Glassware	_____	<input type="radio"/>
Salt and Pepper Shakers	_____	<input type="radio"/>
Water Pitchers	_____	<input type="radio"/>
Sugar Dishes	_____	<input type="radio"/>
Creamer Pitchers	_____	<input type="radio"/>

## Transport Supplies

Qty

Food Pan Carriers	_____	<input type="radio"/>
Glass Racks	_____	<input type="radio"/>
Outdoor Coolers	_____	<input type="radio"/>
Food Storage Boxes	_____	<input type="radio"/>
Other	_____	<input type="radio"/>

## Display and Decor

Qty

Risers	_____	<input type="radio"/>
Cake stands	_____	<input type="radio"/>
Cupcake Towers	_____	<input type="radio"/>
Candleholders / Candles	_____	<input type="radio"/>
Centerpieces	_____	<input type="radio"/>
Vases	_____	<input type="radio"/>
Table Numbers	_____	<input type="radio"/>
Chalkboard Signs	_____	<input type="radio"/>

## Disposable Supplies

Qty

Plastic Cutlery	_____	<input type="radio"/>
Paper Napkins	_____	<input type="radio"/>
Plastic Drinkware	_____	<input type="radio"/>
Appetizer Plates	_____	<input type="radio"/>
Cocktail Picks	_____	<input type="radio"/>
Foil Pans	_____	<input type="radio"/>
Aluminum Foil	_____	<input type="radio"/>

## Furniture and Seating Qty

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Tables	_____	<input type="radio"/>
Chairs	_____	<input type="radio"/>
Benches	_____	<input type="radio"/>
Cocktail Tables	_____	<input type="radio"/>
Bars	_____	<input type="radio"/>
Canopy / Tents	_____	<input type="radio"/>

## Cooking and Holding Qty

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Induction Cookers	_____	<input type="radio"/>
Portable Grills	_____	<input type="radio"/>
Outdoor Burners	_____	<input type="radio"/>
Holding Cabinets	_____	<input type="radio"/>

## Janitorial / Cleaning Qty

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Garbage Cans	_____	<input type="radio"/>
Can Liners	_____	<input type="radio"/>
Handwashing Stations	_____	<input type="radio"/>
Hand Sanitizer	_____	<input type="radio"/>
Cleaning Towels	_____	<input type="radio"/>

## Serving Equipment Qty

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Serving Trays	_____	<input type="radio"/>
Chafers	_____	<input type="radio"/>
Chafer Fuel	_____	<input type="radio"/>
Lighters	_____	<input type="radio"/>
Serving Utensils	_____	<input type="radio"/>
Food Pans	_____	<input type="radio"/>
Server Aprons	_____	<input type="radio"/>
Server Uniforms	_____	<input type="radio"/>

## Beverage Supplies Qty

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Ice	_____	<input type="radio"/>
Beverage Dispensers	_____	<input type="radio"/>
Coffee Chafer Urns	_____	<input type="radio"/>
Coffee Airpots	_____	<input type="radio"/>
Stirrers	_____	<input type="radio"/>
Cream	_____	<input type="radio"/>
Sugar	_____	<input type="radio"/>
Drink mix	_____	<input type="radio"/>