

Preventive Maintenance Checklist

Community _____ Month _____

| | ✓ | C | N/A |
|--|---|---|-----|
| Exterior | | | |
| Sidewalks and stairs clear, clean and in good repair | | | |
| Stair handrails properly secured | | | |
| Parking lots free of potholes | | | |
| All exterior lighting in service | | | |
| Pool gates latch automatically and fence is secured | | | |
| Controlled access gates inspected and working properly | | | |
| Pool safety equipment, pumps, chlorinator, spa heaters in good repair | | | |
| Flagpoles and flags in good repair | | | |
| | | | |
| Interiors - General | | | |
| Laundry dryers free of lint | | | |
| No cracked glass or broken windows | | | |
| Fitness Center equipment in good repair | | | |
| Air filters changed in the office, clubroom and fitness center | | | |
| | | | |
| Interiors – Apartments | | | |
| Smoke detectors checked (refer to the smoke detector log) | | | |
| Air filters changed in 1/2 of all apartments | | | |
| Check under sinks, lavatories, around toilets, A/C drains in bathrooms, A/C vents and washer/dryer areas and rooms for moisture and signs of mold. | | | |
| | | | |
| *Building # list and Apartment Inspection Checklist for each unit must be attached. | | | |
| Boiler and / or Equipment Rooms | | | |
| State inspection current and posted | | | |
| Flush tank style heaters (if applicable) | | | |
| Room free of debris and floors swept | | | |
| Check circulation pumps for leaks/corrosion. Oil if applicable. | | | |
| | | | |
| Special Focus – Maintenance/Service Shop | | | |
| Complete and attach the Tool & Equipment Inventory | | | |
| UL listed cans for flammable liquids (especially gasoline) | | | |
| Metal cabinets for aerosols (more than 12 cans) | | | |
| Interior clean and shelves organized | | | |
| Electrical cords in good condition | | | |
| Safety equipment present in the maintenance/service shop | | | |
| | | | |
| Other | | | |
| | | | |
| | | | |
| | | | |

Lead Service Tech. Signature _____ Date _____
 Corrective action completed by _____ Date _____
 Manager's Signature _____ Date _____
 RPM Signature _____ Date _____
 Risk Management Dept. Received: _____ Date _____

CODE: ✓ = Completed/Acceptable C = Correction Required N/A = Not Applicable

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