

Facility Maintenance Checklist

Maintenance

DATE ____/____/____	BUILDING / PROPERTY	INSPECTOR	FREQUENCY
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STRUCTURAL & INTERIOR

	OK	NOT OK		OK	NOT OK
Walls — no cracks, damp, or damage	<input type="radio"/>	<input type="radio"/>	Doors — open/close, locks working	<input type="radio"/>	<input type="radio"/>
Ceilings — no stains, sag, or tiles missing	<input type="radio"/>	<input type="radio"/>	Windows — seals, glazing, operation	<input type="radio"/>	<input type="radio"/>
Floors — no damage, trip hazards	<input type="radio"/>	<input type="radio"/>	Stairways — handrails, treads, lighting	<input type="radio"/>	<input type="radio"/>

ELECTRICAL

	OK	NOT OK		OK	NOT OK
Lighting — all working, no flicker	<input type="radio"/>	<input type="radio"/>	Emergency lighting — tested	<input type="radio"/>	<input type="radio"/>
Sockets — no damage, overloading	<input type="radio"/>	<input type="radio"/>	Exit signs — illuminated	<input type="radio"/>	<input type="radio"/>
Distribution board — no tripped breakers	<input type="radio"/>	<input type="radio"/>			

PLUMBING

	OK	NOT OK		OK	NOT OK
No visible leaks (taps, pipes, toilets)	<input type="radio"/>	<input type="radio"/>	Toilets flushing correctly	<input type="radio"/>	<input type="radio"/>
Drains flowing freely	<input type="radio"/>	<input type="radio"/>	Water heater / boiler condition	<input type="radio"/>	<input type="radio"/>
Hot water working	<input type="radio"/>	<input type="radio"/>			

HVAC

 Heating system operational OK Not OK

 Cooling / AC operational OK Not OK N/A

	OK	NOT OK
Filters changed per schedule	<input type="radio"/>	<input type="radio"/>
Thermostats functioning	<input type="radio"/>	<input type="radio"/>
Ventilation adequate — no odours	<input type="radio"/>	<input type="radio"/>

FIRE SAFETY & EXTERIOR

	OK	NOT OK		OK	NOT OK
Fire extinguishers in date	<input type="radio"/>	<input type="radio"/>	Gutters and downpipes clear	<input type="radio"/>	<input type="radio"/>
Fire exits clear	<input type="radio"/>	<input type="radio"/>	Exterior grounds — tidy, paths safe	<input type="radio"/>	<input type="radio"/>
Smoke / CO detectors tested	<input type="radio"/>	<input type="radio"/>	Parking area — surface, lighting, markings	<input type="radio"/>	<input type="radio"/>
Roof — no leaks or damage visible	<input type="radio"/>	<input type="radio"/>			

SIGN-OFF

 Building condition Good Fair Needs attention

Repairs / work orders raised

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Inspector signature _____

Notes

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