

PREVENTATIVE MAINTENANCE CHECKLIST

Apt.# Date: Assigned to:	Clean Vendor: Paint Vendor: Paint Vendor:
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Check boxes for **Clean** (areas are clean, no work required) or **Correct** (areas require action to correct problem). If items need correction, use back page to identify specifics. File completed checklist in unit maintenance file.

Unit exterior (signs of holding water or missing building components)	clean	correct
Check Planters (sprinkler spray pattern)		
Check Roof		
Check Gutters		
Check Stairs		
Check Walkway		
Check Exterior Front Door		

Interior Entry (note any signs of current or past signs of moisture)	clean	correct
Check Inside of Front Door		
Check Inside of Closet(s)(entry)		
Check Interior Doors		
Check Windows		
Check all Baseboards		
Check Walls and Ceilings		
Check Flooring		
Check Carpet		
Check Carpet Tack Strip in Corners		

Living Room	clean	correct
Check Inside of Closet(s)(entry)		
Check Interior Doors		
Check Windows		
Check all Baseboards		
Check Walls and Ceilings		
Check Flooring		
Check Carpet		
Check Carpet Tack Strip in Corners		
Check Sliding Doors		
Check/Paint Fireplace		
Check Stair Railings in Corners		
Check Stair Railings		

Patio/Balcony (note any signs of current or past signs of moisture)	clean	correct
Check Roof		
Check Exterior Doors		
Check Deck Surface		
Check Railings		
Check Water Heater (all fittings)		
Check Storage Closet		
Check Exterior Paint		

Kitchen (note any signs of current or past signs of moisture)	clean	correct
Check Inside all Cabinets		
Check Sink		
Check Faucets		
Check Flooring		
Check Walls and Ceilings		
Check Interior Doors		
Check Windows		
Check GCFI's		
Check Refrigerator		
Check Ice maker(connections)		
Check Dishwasher(underneath)		
Check Disposer		
Check Washing Machine		
Check Hoses		
Check Dryer		
Check Dryer Vent		

Bathroom(s) Indicate Location	clean	correct
Check Lavatory Sinks		
Check Lavatory Faucets		
Check Lavatory Pop-up		
Check Bathtubs/Showers		
Check Showerheads		
Check Toilets		
Check Inside all Cabinets		
Check Inside Medicine Cabinets		
Check Shelving		
Check Flooring		
Check Walls and Ceilings		
Check Interior Doors		
Check Windows		
Check GCFI's		
Check Bathroom Exhaust Fans		

Hallways (note any signs of current or past signs of moisture)	clean	correct
Check Walls and Ceilings		
Check Interior Doors		
Check Light Fixtures		
Check Windows		
Check Carpet		
Check Carpet Tack Strip (Corners)		

Bedroom(s) Indicate Location	clean	correct
Check Windows		
Check Interior Doors		
Check Light Fixtures		
Check Walls and Ceilings		
Check Carpet		
Check Carpet Tack Strip in Corners		
Check Closet(s)		

Closets (note any signs of current or past signs of moisture)	clean	correct
Check Shelving		
Check Walls and Ceilings		
Check Light Fixtures		
Check Attic Access Panels		

HVAC	clean	correct
Check Operation		
Check Air Circulation		
Check Thermostat		
Check Evaporator Coil		
Check Condensate Pan		
Check Condenser Coil		
Check Condenser Fan Motor		
Check Furnace		
Check Baseboard Heaters		
Check all Vents		
Change Filters		

Safety/Lock/Key	clean	correct
Check Peephole		
Check Passage Set		
Check Strike Plate (3"screws)		
Check Window Latches		
Check Sliding Door Latches		
Check Sliding Door Pin		
Check Sliding Door Charley Bar		
Check Smoke Detectors		
Check Fire Extinguisher		

Before Leaving Apartment	Completed
Leave Resident Notice	

Comments: _____



INSPECTION CHECKLIST

Apt.#	Move-Out Date
Unit Type	Bedrooms
Baths	Carport #
	Move-In Date
	Mailbox #

Work Needed	Date	Vendor	Comments
Paint: T/U C/P +Ceilings			
Clean: (Include Comments)			
Carpet: Repair Replace Stains			
Vinyl/Tile: Repair Replace			
Location:Kitch. B/1 B/2 B/3			
Blinds: Full Partial			
Appliances: Repair Replace			
Other:			

Unit Condition - Parts Needed

Anticipated Charges

Approach:		
Entry:		
Living Room:		
Patio/Balcony:		
Kitchen:		
Bathrooms:		
Hallways:		
Bedrooms:		
Closets:		
HVAC:		
Garage/Carport:		
Other:		

Additional Comments: _____

Inspection Completed By: _____ Date: _____

