

REAL ESTATE

Summer Maintenance Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| **Building Name:** |  | **Date:** |  |
| **Building Address:** |  | **Time:** |  |
| **Inspector:** |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category:** | **Hazard:** | **Response:** | **Action Required:** | **Comments:** |
| **Landscaping &  Outdoor Areas** | Dead or diseased trees or branches: | Yes  No  N/A |  |  |
| Brush and vegetation trimmed and kept at least 25 feet from structures: | Yes  No  N/A |  |  |
| Mulch levels around trees and shrubs adequate (retain moisture): | Yes  No  N/A |  |  |
| Pest control management system in place: | Yes  No  N/A |  |  |
| Outdoor furniture in good repair: | Yes  No  N/A |  |  |
| Lawn sprinklers located away from walkways to avoid tripping: | Yes  No  N/A |  |  |
| **Building**  **Exterior** | Roof inspected: | Yes  No  N/A |  | Date: |
| Roofs, gutters, downspouts cleared: | Yes  No  N/A |  | Date: |
| Cladding in good repair: | Yes  No  N/A |  |  |
| All windows and doors sealed properly: | Yes  No  N/A |  |  |
| Balconies and decks inspected (structural damage, loose railings, worn surfaces): | Yes  No  N/A |  |  |
| Parking lot cracked or displaced pavement: | Yes  No  N/A |  |  |
| Potholes patched and filled: | Yes  No  N/A |  |  |
| Tripping hazards noted: | Yes  No |  |  |
| Exterior areas well lit: | Yes  No |  |  |
| Burnt-out bulbs: | Yes  No  N/A |  |  |
| **HVAC Systems** | Maintenance schedule for HVAC systems followed: | Yes  No  N/A |  | Date: |
| Air filters replaced monthly: | Yes  No  N/A |  | Date: |
| Vents and ducts inspected / cleaned: | Yes  No  N/A |  |  |
| Electrical connections worn: | Yes  No  N/A |  |  |
| Electrical connections securely attached: | Yes  No  N/A |  |  |
| Portable units installed following manufacturers’ guidelines: | Yes  No  N/A |  |  |
| Thermostats reprogrammed for optimal energy use: | Yes  No  N/A |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category:** | **Hazard:** | **Response:** | **Action**  **Required:** | **Comments:** |
| **Site Safety & Emergency  Preparedness** | Fire safety plan reviewed annually: | Yes  No  N/A |  | Date: |
| Employees and residents aware of fire safety plan: | Yes  No  N/A |  |  |
| Smoke alarms, detectors, fire extinguishers serviced annually: | Yes  No  N/A |  |  |
| Date of last service: | Date: | | |
| Fire sprinklers in service and maintained: | Yes  No  N/A |  | Date: |
| Earthquake preparedness plan implemented: | Yes  No  N/A |  |  |
| Emergency kits reviewed and  restocked: | Yes  No  N/A |  |  |
| Wildfire preparedness plan implemented: | Yes  No  N/A |  |  |
| **Amenities &  Common Areas** | Pool safety equipment present (life rings, first aid kits, etc.): | Yes  No  N/A |  |  |
| Pool deck clean, non-slip: | Yes  No  N/A |  |  |
| Pool deck free of cracks or damage: | Yes  No  N/A |  |  |
| Playground equipment inspected: | Yes  No  N/A |  |  |
| Playground impact surfacing  adequate, equally distributed: | Yes  No  N/A |  |  |
| Non-smoking bylaw passed and followed in the building, yards, balconies and common areas: | Yes  No  N/A |  |  |
| Safe distance maintained between BBQ appliances, stored materials and the building: | Yes  No  N/A |  |  |
| Gym equipment inspected and  maintained according to manufacturers’ guidelines: | Yes  No  N/A |  |  |

|  |  |
| --- | --- |
| **Summary** | |
| **Total Number of Action Items:** |  |

|  |  |  |
| --- | --- | --- |
| **Action Items:** | | |
| **#** | **Description** | **Timeline** |
| **1)** |  |  |
| **2)** |  |  |
| **3)** |  |  |
| **4)** |  |  |
| **5)** |  |  |
| **6)** |  |  |
| **7)** |  |  |
| **8)** |  |  |
| **9)** |  |  |
| **10)** |  |  |

***Note****: If additional space is needed, please use a separate piece of paper.*

|  |
| --- |
| **General Comments:** |
|  |