

REAL ESTATE

Summer Maintenance Checklist

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

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| **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 andshrubs 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 sealedproperly: | [ ]  Yes [ ]  No [ ]  N/A |  [ ]  |  |
| Balconies and decks inspected(structural damage, loose railings, worn surfaces): | [ ]  Yes [ ]  No [ ]  N/A |  [ ]  |  |
| Parking lot cracked or displacedpavement: | [ ]  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 securelyattached: | [ ]  Yes [ ]  No [ ]  N/A |  [ ]  |  |
| Portable units installed following manufacturers’ guidelines: | [ ]  Yes [ ]  No [ ]  N/A |  [ ]  |  |
| Thermostats reprogrammed foroptimal energy use: | [ ]  Yes [ ]  No [ ]  N/A |  [ ]  |  |

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| **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, fireextinguishers serviced annually: | [ ]  Yes [ ]  No [ ]  N/A |  [ ]  |  |
| Date of last service: |  Date: |
| Fire sprinklers in service andmaintained: | [ ]  Yes [ ]  No [ ]  N/A |  [ ]  | Date:  |
| Earthquake preparedness plan implemented: | [ ]  Yes [ ]  No [ ]  N/A |  [ ]  |  |
| Emergency kits reviewed and restocked: | [ ]  Yes [ ]  No [ ]  N/A |  [ ]  |  |
| Wildfire preparedness planimplemented: | [ ]  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 |  [ ]  |  |

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

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| **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.*

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| **General Comments:** |
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