



Building Maintenance Checklist: Preventative Repairs & Safety Inspections

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Exterior Inspection

Assess building exterior for damage, landscaping, and safety hazards.

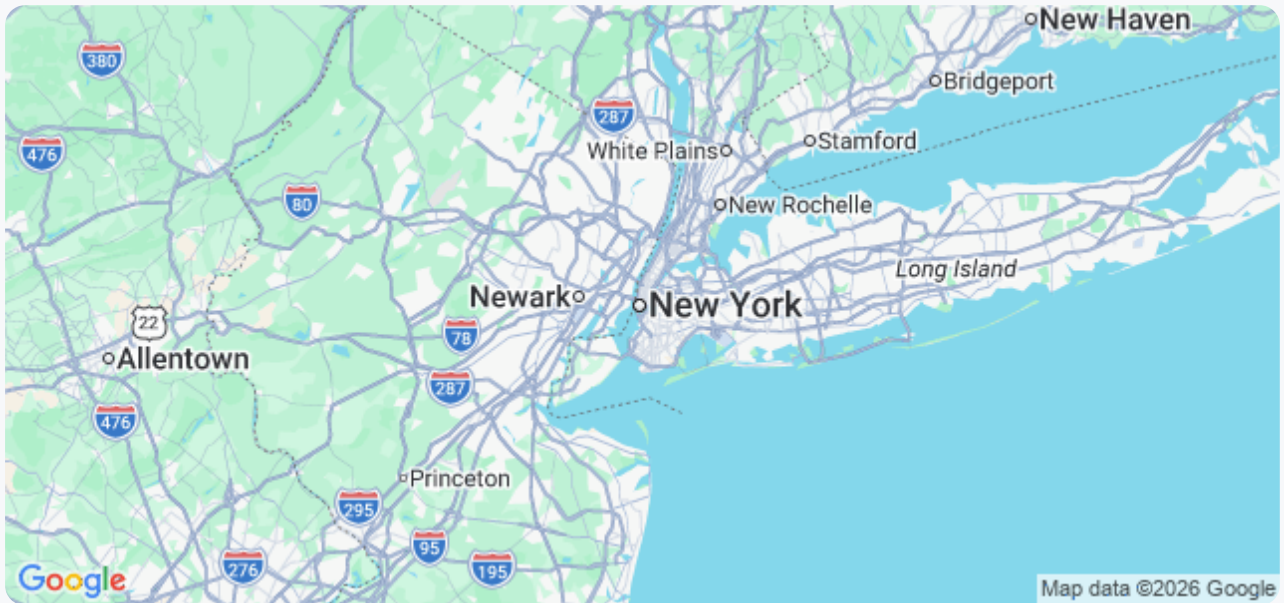


Temperature (Exterior)

Enter a number...

Area of Focus (e.g., North Wall)

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Condition of Facade

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Photos of Exterior

 Upload File

Crack Width (if applicable)

Enter a number...

Notes on Window/Door Condition

Write something...

Last Power Washing Date

Enter date...

Roof Maintenance

Inspect roof for leaks, damage, and debris removal.

Last Roof Inspection Date

Enter date...

Number of Missing or Damaged Shingles

Enter a number...

Description of any Observed Roof Damage

Write something...

Areas of Concern (check all that apply)

- ☐ Leaks
- ☐ Missing Shingles
- ☐ Ponding Water
- ☐ Moss/Algae Growth
- ☐ Damaged Flashing

Upload Photos of Roof Condition

 Upload File

Estimated Cost for Repairs (if needed)

Roofing Material

- ☐ Asphalt Shingles
- ☐ Metal
- ☐ Tile
- ☐ Wood
- ☐ Other

HVAC Systems

Check heating, ventilation, and air conditioning systems for optimal performance and maintenance needs.

Supply Air Temperature (Incoming)

Return Air Temperature

Exhaust Air Temperature

Enter a number...

Static Pressure (Supply)

Enter a number...

Static Pressure (Return)

Enter a number...

Filter Condition

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Last Filter Change Date

Enter date...

Any Unusual Noises or Concerns?

Write something...

Electrical Systems

Evaluate electrical panels, wiring, and lighting for safety and efficiency.

Voltage Reading (Phase 1)

Enter a number...

Voltage Reading (Phase 2)

Enter a number...

Voltage Reading (Phase 1)

Enter a number...

Ground Resistance (Ohms)

Enter a number...

Circuit Breaker Condition

☐ Good

☐ Needs Replacement

☐ Damaged

Lighting Functionality

- ☐ All Lights Working
- ☐ Some Lights Malfunctioning
- ☐ Lights Not Working

Last Inspection Date

Enter date...

Notes/Observations

Write something...

Plumbing Systems

Inspect pipes, fixtures, and water heaters for leaks and proper function.

Water Pressure (PSI)

Enter a number...

Last Water Heater Flush Date

Enter date...

Any Plumbing Leaks Observed?

Write something...

Water Heater Type

- ☐ Gas
- ☐ Electric
- ☐ Tankless

Drainage Flow Rate (GPM)

Enter a number...

Description of Any Unusual Noises from Plumbing

Write something...

Backflow Preventer Status

- ☐ Operational
- ☐ Needs Inspection
- ☐ Needs Repair

Fire Safety

Verify fire extinguishers, alarms, and sprinkler systems are functional and up-to-date.

Fire Extinguisher Inspection Date

Sprinkler System Last Serviced

Fire Alarm System Status

- ☐ Operational
- ☐ Needs Repair
- ☐ Out of Service

Fire Safety Equipment Checked

- ☐ Fire Extinguishers
- ☐ Smoke Detectors
- ☐ Sprinkler System
- ☐ Emergency Exit Signs
- ☐ Fire Doors

Notes on Fire Safety Concerns

Write something...

Exit Lighting Functionality

- ☐ Fully Functional
- ☐ Some Lights Out
- ☐ All Lights Out

Next Fire Drill Scheduled

Enter date...

Security Systems

Check security cameras, access control, and alarm systems.

Camera System Uptime (Hours)

Enter a number...

Last Camera System Maintenance Date

Enter date...

Alarm System Status

- ☐ Active
- ☐ Inactive
- ☐ Testing

Security System Components Checked

- ☐ Door/Window Sensors
- ☐ Motion Detectors
- ☐ Cameras
- ☐ Alarm Panel
- ☐ Access Control System

Notes/Observations about Security System

Write something...

Accessibility Compliance

Ensure compliance with ADA guidelines (ramps, doorways, restrooms).

Ramp Slope (%)

Enter a number...

Doorway Width (inches)

Enter a number...

Accessible Stall Size (square feet)

Enter a number...

Accessible Entrance Present?

☐ Yes

☐ No

☐ N/A

Accessible Restrooms Provided?

☐ Yes

☐ No

☐ N/A

Last Accessibility Audit Date

Enter date...

Notes on Accessibility Improvements Needed

Write something...

Interior Spaces

Evaluate flooring, walls, ceilings, and overall cleanliness.

Floor Level Condition Score (1-5)

Enter a number...

Description of Wall Damage (if any)

Write something...

Ceiling Issues?

- ☐ None
- ☐ Stains
- ☐ Sagging
- ☐ Cracks

Overall Cleanliness Rating

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Last Carpet/Floor Cleaning Date

Enter date...

Notes on Odors or Air Quality

Write something...

Landscaping & Grounds

Inspect irrigation, plantings, pathways, and overall appearance.

Irrigation System Pressure (PSI)

Enter a number...

Pest/Disease Observations

- ☐ Aphids
- ☐ Spider Mites
- ☐ Fungal Growth
- ☐ None Observed

Last Lawn Mowing Date

Enter date...

Detailed Notes on Landscape Condition

Write something...

Fertilizer Application Rate (lbs/acre)

Enter a number...

Mulch Condition

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Location of Standing Water

 [Set My Current Location](#)

