



# Building Maintenance Checklist: Preventative Repairs & Safety Inspections

 Show only Checklist

Display Style  
Default 

## Exterior Inspection

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

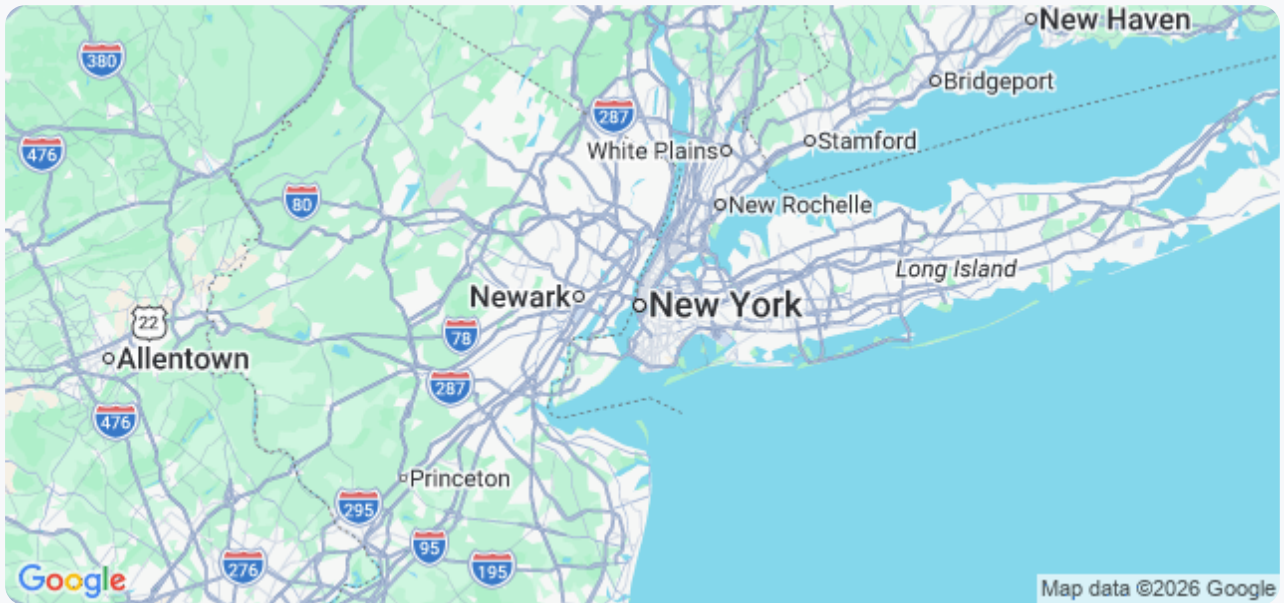


## Temperature (Exterior)

Enter a number...

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

 [Set My Current Location](#)



## 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](#)

