

Building and Grounds Maintenance

Building: Drop down list will go here

Month:

Year:

Exterior - Building	Condition						Completed/	
	Yes/No	Good/Great	Sufficient	Poor	Service Life Remaining		Corrected	
Exterior Walls/Finishes	Y N						Y N	
a. Clean?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
b. Flashings		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
c. Overall condition	Y N						Y N	
d. Pests, wasps, etc?								
e. Finishes (Check for effects of weather)								
1. Paint		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
2. Stucco		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
3. Siding		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
4. Masonry/Mortar		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		

Decks/Porches	Condition						Completed/	
	Yes/No	Good/Great	Sufficient	Poor	Service Life Remaining		Corrected	
a. Wooden supports (Check for termite damage)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
b. Cast iron (Check for rust)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
c. Paint, Stain, etc.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
d. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		

Foundations	Condition						Completed/	
	Yes/No	Good/Great	Sufficient	Poor	Service Life Remaining		Corrected	
a. Tree roots damaging structure?	Y N						Y N	
b. Cracks, leaning, etc?	Y N						Y N	
c. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		

Doors (Interior & Exterior)	Condition						Completed/	
	Yes/No	Good/Great	Sufficient	Poor	Service Life Remaining		Corrected	
a. Locks/latches in place?	Y N						Y N	
b. Weather stripping		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
c. Hinges		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
d. Kickplates and pushplates		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
e. Panic bars/hardware		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
f. Doorstops		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
g. Glass		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
h. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		

Windows	Condition						Completed/	
	Yes/No	Good/Great	Sufficient	Poor	Service Life Remaining		Corrected	
a. Locks/latches in place?	Y N						Y N	
b. Weather stripping		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
c. Screens		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
d. Glass (Check for broken panes)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
e. Window sills/sashes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
f. Drafts?	Y N						Y N	
g. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		

Roof	Condition				Service Life Remaining		Completed/ Corrected
	Yes/No	Good/Great	Sufficient	Poor	Yrs	Mos	
a. Shingles, roof tiles, membrane		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	
b. Roof to wall connection		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	
c. Gutters/leaders		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	
d. Flashings secure?	Y N						Y N
e. Vents clear?	Y N						Y N
f. Access clear?	Y N						Y N
g. Leaks evident?	Y N						Y N
h. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	

Electrical Panels/Receptacles (Exterior)	Condition				Service Life Remaining		Completed/ Corrected
	Yes/No	Good/Great	Sufficient	Poor	Yrs	Mos	
a. Covers in place?	Y N						Y N
b. Nothing plugged in?	Y N						Y N
c. Fuses/breakers tripping often?	Y N						Y N
d. Outlets/switches operational?	Y N						Y N
e. GFIs on all outlets?	Y N						Y N
f. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	

Water Faucets (Exterior)	Condition				Service Life Remaining		Completed/ Corrected
	Yes/No	Good/Great	Sufficient	Poor	Yrs	Mos	
a. Leaking (signs of leaking: rust)?	Y N						Y N
b. Winterized?	Y N						Y N
c. Deterioration, staining, damage?	Y N						Y N
d. Main shut off valve		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	

Furniture (Exterior)	Condition				Service Life Remaining		Completed/ Corrected
	Yes/No	Good/Great	Sufficient	Poor	Yrs	Mos	
a. Clean?	Y N						Y N
b. Securely mounted?	Y N						Y N
c. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	

Waste Cans (Exterior)	Condition				Service Life Remaining		Completed/ Corrected
	Yes/No	Good/Great	Sufficient	Poor	Yrs	Mos	
a. Secured?	Y N						Y N
b. Emptied?	Y N						Y N
c. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	

Overhangs/Drive Thrus/Outside Storage	Condition				Service Life Remaining		Completed/ Corrected
	Yes/No	Good/Great	Sufficient	Poor	Yrs	Mos	
a. Clean?	Y N						Y N
b. Secure?	Y N						Y N
c. Eaves		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	
d. Connection to building		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	
e. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	

Lighting (Exterior)	Condition				Service Life Remaining		Completed/Corrected	
	Yes/No	Good/Great	Sufficient	Poor				
a. All bulbs working?	Y N						Y	N
b. Lenses/Covers in place?	Y N						Y	N
c. No exposed wiring?	Y N						Y	N
d. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		

Cameras (Exterior)	Condition				Service Life Remaining		Completed/Corrected	
	Yes/No	Good/Great	Sufficient	Poor				
a. Secure?	Y N						Y	N
b. Clean?	Y N						Y	N
c. No exposed wiring?	Y N						Y	N
d. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		

Fences/Gates/Dupster Gates	Condition				Service Life Remaining		Completed/Corrected	
	Yes/No	Good/Great	Sufficient	Poor				
a. Hardware secure?	Y N						Y	N
b. Tie wires in place?	Y N						Y	N
c. No space under gates?	Y N						Y	N
d. Locks/latches in place?	Y N						Y	N
e. Gates swing properly?	Y N						Y	N
f. Overall condition?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		

Parking/Curbing/Driveways/Sidewalks	Condition				Service Life Remaining		Completed/Corrected	
	Yes/No	Good/Great	Sufficient	Poor				
a. Potholes?	Y N						Y	N
b. Striping clear?	Y N						Y	N
c. Handicap signs/decals present?	Y N						Y	N
d. Clean?	Y N						Y	N
e. Level (No tripping hazards)?	Y N						Y	N
f. Drain covers in place?	Y N						Y	N
g. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		

Landscaping/Trees	Condition				Service Life Remaining		Completed/Corrected	
	Yes/No	Good/Great	Sufficient	Poor				
a. Clear of trash?	Y N						Y	N
b. Trimmed?	Y N						Y	N
c. Mowed?	Y N						Y	N
d. No holes/gulleys/bare spots?	Y N						Y	N
e. Diseased/Dead plants/trees?	Y N						Y	N
f. Pests, wasps, etc?	Y N						Y	N
g. Drains clear?	Y N						Y	N
h. Retaining wall								
1. Cracks, bulges?	Y N						Y	N
2. Leaning?	Y N						Y	N
3. Bad joints in mortar?	Y N						Y	N
i. Overhanging branches/trees?	Y N						Y	N
j. Creepers/vines causing damage?	Y N						Y	N
k. Plants/mulch holding water next to building?	Y N						Y	N
l. Trim vegetation from around HVAC units							Y	N
m. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		

Walkways/Steps (Exterior)	Yes/No	Condition			Service Life Remaining		Completed/Corrected	
		Good/Great	Sufficient	Poor	Yrs	Mos	Y	N
a. Clean?	Y N						Y	N
b. Well-lit?	Y N						Y	N
c. Level/no trip hazards?	Y N						Y	N
d. Non-skid surface (Winter season)?	Y N						Y	N
e. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		

Signs	Yes/No	Condition			Service Life Remaining		Completed/Corrected	
		Good/Great	Sufficient	Poor	Yrs	Mos	Y	N
a. Wire covers in place?	Y N						Y	N
b. Well-lit?	Y N						Y	N
c. Color/Striping (Check for fading or needing wax)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
d. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		

Dumpsters/Trash Receptacles	Yes/No	Condition			Service Life Remaining		Completed/Corrected	
		Good/Great	Sufficient	Poor	Yrs	Mos	Y	N
a. Lids work?	Y N						Y	N
b. Surrounding area clean?	Y N						Y	N
c. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		

Interior - Building

Floors	Yes/No	Condition			Service Life Remaining		Completed/Corrected	
		Good/Great	Sufficient	Poor	Yrs	Mos	Y	N
a. Carpet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
1. Rips/tears/raveling?	Y N						Y	N
b. Tile		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
1. Broken/missing tiles?	Y N						Y	N
c. VCT/vinyl flooring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
1. Rips/tears?	Y N						Y	N
d. Clean?	Y N						Y	N
e. Base boards secure?	Y N						Y	N
f. Level/no trip hazards?	Y N						Y	N
g. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		

Interior Walls/Finishes	Yes/No	Condition			Service Life Remaining		Completed/Corrected	
		Good/Great	Sufficient	Poor	Yrs	Mos	Y	N
a. Corners trim/secure?	Y N						Y	N
b. Finishes (Check for wear/rips/tears/broken/missing tiles)								
1. Paint		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
2. Wallpaper		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
3. Ceramic Tile		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
c. Holes/cracks?	Y N						Y	N
d. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		

Receptacles/Switches/Electrical Panels	Yes/No	Condition			Service Life Remaining		Completed/Corrected
		Good/Great	Sufficient	Poor	Yrs	Mos	
a. Receptacle covers present?	Y N						Y N
b. Broken?	Y N						Y N
c. Over-loaded?	Y N						Y N
d. Frequent tripping?	Y N						Y N
e. Leaks around/near?	Y N						Y N
f. Panel covers closed?	Y N						Y N
g. Open slots in panel?	Y N						Y N
h. Labels in place?	Y N						Y N
i. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	

Ceilings	Yes/No	Condition			Service Life Remaining		Completed/Corrected
		Good/Great	Sufficient	Poor	Yrs	Mos	
a. Tiles in place?	Y N						Y N
b. Lights working?	Y N						Y N
c. Sprinklers clean?	Y N						Y N
d. Duct vents clean?	Y N						Y N
e. Things hanging from grid?	Y N						Y N
f. Leaks/Dark spots?	Y N						Y N
g. Tiles broken?	Y N						Y N
h. Cracks (in hard ceiling)?	Y N						Y N
i. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	

Fire Extinguishers/Emergency Exits	Yes/No	Condition			Service Life Remaining		Completed/Corrected
		Good/Great	Sufficient	Poor	Yrs	Mos	
a. Present where needed?	Y N						Y N
b. Charged?	Y N						Y N
c. Tagged?	Y N						Y N
d. Unobstructed?	Y N						Y N
e. Exit signs well-lit per code?	Y N						Y N
f. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	

Sprinkler System	Yes/No	Condition			Service Life Remaining		Completed/Corrected
		Good/Great	Sufficient	Poor	Yrs	Mos	
a. Operable (bent/broken/painted on)?	Y N						Y N
b. Leaking?	Y N						Y N
c. Unobstructed?	Y N						Y N
d. Inspection current?	Y N						Y N
e. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	

Kitchen/Break Rooms	Yes/No	Condition			Service Life Remaining		Completed/Corrected
		Good/Great	Sufficient	Poor	Yrs	Mos	
a. Leaks?	Y N						Y N
b. Cooling unit coils clean on refrigerators/ice machines?	Y N						Y N
c. Exhaust fans clean?	Y N						Y N
d. Stoves clean?	Y N						Y N
e. Trip/slip hazards?	Y N						Y N
f. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	

Storage Areas	Condition				Service Life Remaining		Completed/Corrected	
	Yes/No	Good/Great	Sufficient	Poor				
a. Sprinklers clear?	Y N						Y	N
b. Aisles clear?	Y N						Y	N
c. Shelves secure?	Y N						Y	N
d. Trash accumulation?	Y N						Y	N
e. Trip/slip hazards?	Y N						Y	N
f. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		

Basement/Crawl Space/Attic	Condition				Service Life Remaining		Completed/Corrected	
	Yes/No	Good/Great	Sufficient	Poor				
a. Inspect load-bearing walls							Y	N
b. Concrete walls		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
1. Settlement?	Y N						Y	N
2. Leaning?	Y N						Y	N
3. Water penetration?	Y N						Y	N
c. Wood joints/beams		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
1. Sagging?	Y N						Y	N
2. Sloping?	Y N						Y	N
3. Splits?	Y N						Y	N
4. Floor squeaking?	Y N						Y	N
5. Infestations?	Y N						Y	N
d. Smoke or water leaks in chimneys?	Y N						Y	N
e. Roof rafters straight?	Y N						Y	N
f. Insulation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		
1. Adequate?	Y N						Y	N
2. Good condition?	Y N						Y	N
g. Nests in ventilation?	Y N						Y	N
h. Vent and attic fans operable?	Y N						Y	N
i. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		

HVAC	Condition				Service Life Remaining		Completed/Corrected	
	Yes/No	Good/Great	Sufficient	Poor				
a. Clean coils							Y	N
b. Check for normal cycling							Y	N
c. Check piping for cracks/holes/rust							Y	N
d. Check for loose/disconnected pipes							Y	N
e. All cover panels in place							Y	N
f. Change filters monthly							Y	N
g. Proper drainage of condensation line							Y	N
h. Check condensation pump							Y	N
i. Check freon lines							Y	N
j. Trim vegetation away from compressor							Y	N
k. Thermostats firmly attached to wall							Y	N
l. Check ducts for leakage/breeches							Y	N
m. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos		

Plumbing	Condition				Service Life Remaining		Completed/ Corrected
	Yes/No	Good/Great	Sufficient	Poor	Yrs	Mos	
a. Restroom fixtures (fastened to floor/wall, condition)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	
1. Toilets (leaks/function)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	
2. Sinks (leaks/function)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	
3. Partitions (laminates/cleanliness/hinges)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	
b. Water shut-off valve		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	
c. Handicap rails secured?	Y N						Y N
d. Mirrors		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	
f. Water heater		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	
1. Piping condition (rust/corrosion)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	
2. Electrical connections		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	
3. Temperature set to 120°		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	
g. Incoming city water lines secure?	Y N						Y N
h. Valve & backflow prevention?	Y N						Y N
i. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	

Elevators and Stairwells	Condition				Service Life Remaining		Completed/ Corrected
	Yes/No	Good/Great	Sufficient	Poor	Yrs	Mos	
a. Well-lit?	Y N						Y N
b. Flooring secure?	Y N						Y N
c. Current operation license posted?	Y N						Y N
d. Stairwells free of gum?	Y N						Y N
e. Hand rails secure/need painting/rusted?	Y N						Y N
f. Loose stair treads?	Y N						Y N
g. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	

Furniture and Fixtures	Condition				Service Life Remaining		Completed/ Corrected
	Yes/No	Good/Great	Sufficient	Poor	Yrs	Mos	
a. Upholstery clean?	Y N						Y N
b. Broken furniture?	Y N						Y N
c. Window treatments dirty, faded or torn?	Y N						Y N
d. Overall condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ Yrs	_____ Mos	