

Preventative Maintenance Checklist

Property Name	
Property Contract Number	
Owner Name	
Managing Agent Name	
Date of Analysis	
Reviewer Name	

Indicate if the owner/agent has established a preventative maintenance policy to ensure proper condition of assets or amenities on the property. The Reviewer should also note if the policy was developed recently or if the policy is established. Policies can be written, practiced or both. Optimally, policies are well documented and demonstration of implementation can be provided.

Type of Maintenance	Policy Y/N	Written or Practiced	Implemented Y/N	New Policy Y/N
Heating & AC	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> W <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Water Heaters	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> W <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Carpet & Drapes	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> W <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Roof/Gutter & Facia Inspection	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> W <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Major Appliances	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> W <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Exterior Painting	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> W <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Windows	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> W <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Recreational Equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> W <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Landscaping	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> W <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N



Preventative Maintenance Checklist

Type of Maintenance	Policy Y/N	Written or Practiced	Implemented Y/N	New Policy Y/N
Elevators	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> W <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Motor Vehicles	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> W <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Sewer Lines	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> W <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> W <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> W <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> W <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Other	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> W <input type="checkbox"/> P	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Comments:

