

Preventive Maintenance Checklist

Property Name: _____ Date: _____

Building Number or Grounds Area: _____

Describe the building's or grounds area's condition by category listed below (e.g., good, needs paint, tread broken, etc.). Preventive maintenance of this building and/or grounds area should be conducted a minimum of every 180 calendar days. Include this checklist with the property preventive maintenance file.

Exterior Checklist

Category	Location	Condition	Action Taken/Required
Sidewalks	_____	_____	_____
Stairs/Rail	_____	_____	_____
Balconies	_____	_____	_____
Stair Treads	_____	_____	_____
Patio/Fences	_____	_____	_____
Dumpster	_____	_____	_____
Perimeter	_____	_____	_____
Pool/Gates	_____	_____	_____
Mailboxes	_____	_____	_____
Gutters/Downspouts	_____	_____	_____
Siding	_____	_____	_____
Brick Veneer	_____	_____	_____
Fascia/Soffit	_____	_____	_____
Common Water	_____	_____	_____
Plumbing Clean-Out	_____	_____	_____
Caps	_____	_____	_____
Sewer Treatment	_____	_____	_____
Paving	_____	_____	_____
Gutters	_____	_____	_____
Roof	_____	_____	_____

Comments: _____

Checklist Completed By: _____ Date: _____

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