

# Yearly Preventative Building Maintenance Checklist



Use the checklist below to keep track of routine building maintenance.



Facility Name \_\_\_\_\_ Address \_\_\_\_\_

| General Building  | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| Are all exits clearly marked with signage?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do smoke and carbon monoxide detectors work properly?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are floors in good condition?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are ceilings in good condition?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are walls in good condition?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do all doors lock and unlock easily?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are stairs in good shape and railings secure?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have routine pest inspections and treatments been conducted?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building Exterior   | Yes                      | No                       | N/A                      |
| Are exterior walls in good condition?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all windows, doors, and railings intact?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have drains and gutters been properly cleaned?                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the condition of the parking lot, driveway, and/or sidewalk been inspected? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are storm drains clear?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building Interior   | Yes                      | No                       | N/A                      |
| Are floors, ceilings and walls in good condition?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any leaks?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there any safety hazards (electrical, slipping, falling)?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are toilets, showers and sinks in good condition?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have the proper fire safety equipment?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is shelving secure, organized, and labeled?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are work areas and walkways clearly marked?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plumbing  | Yes                      | No                       | N/A                      |
| Has all the plumbing been inspected for leaks?                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have water heaters and boilers been fire tested?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are sinks adequately running hot and cold water?                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all sink drains clear?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Lighting  | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| Have cables and screws been inspected?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all light systems properly installed and functioning correctly?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are bulbs containing mercury or lead safely stored?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety  | Yes                      | No                       | N/A                      |
| Are all fire extinguishers visible and accessible?                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are fire exits clear of obstructions?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there proper signage and clear areas in which to dispose of hazardous chemicals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are first aid kits properly stocked?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have batteries been replaced on fire alarm and carbon monoxide systems?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have safety manuals and instructions been given to employees?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HVAC  | Yes                      | No                       | N/A                      |
| Have air filters been replaced?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are drain pans draining properly?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are motors and ductwork clean?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have broken screws or latches been repaired or replaced?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have all pump bearings been lubricated?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have damper operators been cleaned?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have boilers been drained?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the thermostat working properly?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical/Mechanical Systems   | Yes                      | No                       | N/A                      |
| Is the electrical panel accessible?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have fire hazards been removed?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If needed, have fuses been replaced?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are automatic and manual switches working properly?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have outlets been tested?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are exhaust fans clean and functioning properly?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have the necessary devices been cleaned and lubricated?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Building Repairs Needed:**

Inspection completed by \_\_\_\_\_ on \_\_\_\_\_

*Name* *Date*