Checklist
General Maintenance

Building Name:		Inspector Name:	
Building Address:		Date:	
Building Occupancy:		Time:	

Category:	Hazard:	Response:	Action Required:	Comments:
Life Safety				
General	Emergency Action Plan:	☐ Yes ☐ No ☐ N/A	☐	
	Evacuation Maps Posted:	☐ Yes ☐ No ☐ N/A	☐	
	Emergency Evacuation Practiced:	☐ Yes ☐ No ☐ N/A	☐	Frequency:
	Fire Department has visited the Site for response planning:	☐ Yes ☐ No ☐ N/A	☐	Date:
Exits	Emergency Exits Signs Adequate:	☐ Yes ☐ No ☐ N/A	☐	
	Emergency Exit Signs Lit:	☐ Yes ☐ No ☐ N/A	☐	
	Emergency Exit Signs Tested:	☐ Yes ☐ No ☐ N/A	☐	Date:
	Emergency Lighting in Corridors:	☐ Yes ☐ No ☐ N/A	☐	
	Emergency Lighting Operational:	☐ Yes ☐ No ☐ N/A	☐	
	Emergency Lighting Tested:	☐ Yes ☐ No ☐ N/A	☐	Date:
	Emergency Lighting Test Frequency:	☐Monthly by Staff ☐Annually by Third Party (Should be both)	Date:	
	Exits Free of Obstructions:	☐ Yes ☐ No	☐	
	Exit Doors Open in Direction of Travel:	☐ Yes ☐ No	☐	
	Panic Hardware on Exit Doors:	☐ Yes ☐ No ☐ N/A	☐	☐ Adequate ☐ Not Adequate
	Exit doors open in single hand motion:	☐ Yes ☐ No ☐ N/A	☐	
	Exit Stairwells unobstructed:	☐ Yes ☐ No ☐ N/A	☐	
	Areas of Refuge Clear of Storage:	☐ Yes ☐ No ☐ N/A	☐	
	Fire Escapes:	☐ Yes ☐ No ☐ N/A	☐	☐ Adequate ☐ Not Adequate
Fire Protection:				
Portable Fire Extinguishers	Installed where required:	☐ Yes ☐ No ☐ N/A	☐	
	Service tags on each extinguisher:	☐ Yes ☐ No ☐ N/A	☐	
	The correct type as per NFPA 10:	☐ Yes ☐ No ☐ N/A	☐	
	Seals and tamper indicators:	☐Good ☐Deficiencies	☐	
	Pressure gauges: fully charged?	☐ Yes ☐ No ☐ N/A	☐	
	Corrosion or damage noted:	☐ Yes ☐ No ☐ N/A	☐	
	Visually inspected monthly:	☐ Yes ☐ No ☐ N/A	☐	
	Serviced Annually:	☐ Yes ☐ No ☐ N/A	☐	
	Date of last Service:		☐	
	Service tags present:	☐ Yes ☐ No ☐ N/A	☐	
	Hydrostatic test date noted:	☐ Yes ☐ No ☐ N/A	☐	Date:

Category:	Hazard:	Response:	Action Required:	Comments:
Smoke Detectors	Installed where required:	☐ Yes ☐ No ☐ N/A	☐	
	Connected to fire alarm system:	☐ Yes ☐ No ☐ N/A	☐	
	Serviced Annually:	☐ Yes ☐ No ☐ N/A	☐	
	Date of last Service:		☐	
	Replaced if over 10 years old:	☐ Yes ☐ No ☐ N/A	☐	
Sprinkler System	Sprinkler System Installed:	☐ Yes ☐ No ☐ N/A	☐	
	Valve in Open Position:	☐ Yes ☐ No ☐ N/A	☐	
	Water flow alarms or locked:	☐ Yes ☐ No ☐ N/A	☐	
	Sprinklers Obstructed:	☐ Yes ☐ No ☐ N/A	☐	
	Serviced Annually:	☐ Yes ☐ No ☐ N/A	☐	
	Date of last Service:		☐	
	Contractor Name:		☐	
	Notify insurance broker in the event of a Sprinkler Impairment (shut down)	☐ Yes ☐ No ☐ N/A	☐	
Fire Alarm System	Fire Alarm System Operational:	☐ Yes ☐ No ☐ N/A	☐	
	Fire Alarm System Monitored:	☐ Yes ☐ No ☐ N/A	☐	
	Fire Alarm System tested annually:	☐ Yes ☐ No ☐ N/A	☐	
	Date of last Service:		☐	
Standpipe System:	Standpipe System Present:	☐ Yes ☐ No ☐ N/A	☐	
	If Yes: water flow alarms present:	☐ Yes ☐ No ☐ N/A	☐	
	If Yes: Serviced Annually:	☐ Yes ☐ No ☐ N/A	☐	
	If Yes: Date of last Service:		☐	
Fire Hydrants:	Private Hydrants on site:	☐ Yes ☐ No ☐ N/A	☐	
	If Yes: Tested & Flushed Annually:	☐ Yes ☐ No ☐ N/A	☐	
	If Yes: Protective barriers in place:	☐ Yes ☐ No ☐ N/A	☐	
	If Yes: Clear Access Maintained:	☐ Yes ☐ No ☐ N/A	☐	
Specialized Systems:	Wet Chemical Extinguishing System:	☐ Yes ☐ No ☐ N/A	☐	
	Dry Chemical Extinguishing System:	☐ Yes ☐ No ☐ N/A	☐	
	Clean Agent System:	☐ Yes ☐ No ☐ N/A	☐	
	Other:	☐ Yes ☐ No ☐ N/A	☐	
	Specialized system serviced:	☐ Yes ☐ No ☐ N/A	☐	Date:
Common Areas				
Lighting & Signage	Broken light fixtures:	☐ Yes ☐ No ☐ N/A	☐	
	Hallways well lit:	☐ Yes ☐ No ☐ N/A	☐	
Stairs	Handrails/Railings on both sides:	☐ Yes ☐ No ☐ N/A	☐	
	Continuous Handrails:	☐ Yes ☐ No ☐ N/A	☐	
	Handrail/Railing Condition:	☐ Good ☐ Fair ☐ Poor	☐	
	Stair risers are uniform:	☐ Yes ☐ No ☐ N/A	☐	
	Stairs are slip resistant:	☐ Yes ☐ No ☐ N/A	☐	
	Stairs in good condition:	☐ Yes ☐ No ☐ N/A	☐	
	Obstructions in means of egress:	☐ Yes ☐ No ☐ N/A	☐	

Category:	Hazard:	Response:	Action Required:	Comments:
Common Areas				
Ramps	Ramps Present:	☐ Yes ☐ No ☐ N/A	☐	
	Ramp slope adequate:	☐ Yes ☐ No ☐ N/A	☐	
	Ramp surfaces are non-slip:	☐ Yes ☐ No ☐ N/A	☐	
	Landings provided:	☐ Yes ☐ No ☐ N/A	☐	
Interior Floor Surfaces				
Flooring	Condition:	☐ Good ☐ Fair ☐ Poor	☐	
	Tripping Hazards Observed:	☐ Yes ☐ No ☐ N/A	☐	
	Floor Tiles Missing or Cracked:	☐ Yes ☐ No ☐ N/A	☐	
	Wet Floor Signs Posted:	☐ Yes ☐ No ☐ N/A	☐	
	Carpets firmly in place:	☐ Yes ☐ No ☐ N/A	☐	
Floor Mats	Mats provided at entrances:	☐ Yes ☐ No ☐ N/A	☐	
	Mats not curled at edges:	☐ Yes ☐ No ☐ N/A	☐	
	Placement adequate:	☐ Yes ☐ No ☐ N/A	☐	
	Wet Floor Signage when needed:	☐ Yes ☐ No ☐ N/A	☐	
Walls, Doors, and Windows				
Walls & Ceilings	Walls damaged or deteriorating:	☐ Yes ☐ No ☐ N/A	☐	
	Water stains observed:	☐ Yes ☐ No ☐ N/A	☐	
Doors	Doors missing:	☐ Yes ☐ No ☐ N/A	☐	
	Doors missing components:	☐ Yes ☐ No ☐ N/A	☐	
	Locks in good condition:	☐ Yes ☐ No ☐ N/A	☐	
	Fire Doors held open:	☐ Yes ☐ No ☐ N/A	☐	
	Fire Door closers operational:	☐ Yes ☐ No ☐ N/A	☐	
	Fire Doors in good condition:	☐ Yes ☐ No ☐ N/A	☐	
Windows	Windows in good condition:	☐ Yes ☐ No ☐ N/A	☐	
	Windows lock as designed:	☐ Yes ☐ No ☐ N/A	☐	
	Windows seal appropriately:	☐ Yes ☐ No ☐ N/A	☐	
Building Exterior				
Roof	Visually inspected after severe weather:	☐ Yes ☐ No ☐ N/A	☐	
	Water ponding observed:	☐ Yes ☐ No ☐ N/A	☐	
	Downspouts condition:	☐ Good ☐ Fair ☐ Poor	☐	
	Gutter condition:	☐ Good ☐ Fair ☐ Poor	☐	
Laundry Rooms				
Floor	Floor surfaces in good condition:	☐ Yes ☐ No ☐ N/A	☐	
	Floor surface free of water:	☐ Yes ☐ No ☐ N/A	☐	
	Floor drains installed:	☐ Yes ☐ No ☐ N/A	☐	
Lighting	Lighting adequate in room:	☐ Yes ☐ No ☐ N/A	☐	
Washers	Water line hoses are braided steel:	☐ Yes ☐ No ☐ N/A	☐	
	Water line hoses inspected monthly:	☐ Yes ☐ No ☐ N/A	☐	
Dryers	Gas dryers present:	☐ Yes ☐ No ☐ N/A	☐	
	Auto shut off on pilot flame:	☐ Yes ☐ No ☐ N/A	☐	
	Dryer vents cleaned of lint monthly:	☐ Yes ☐ No ☐ N/A	☐	

Category:	Hazard:	Response:	Action Required:	Comments:
Elevators				
Elevators	Maintenance Company Name:			
	Inspection / Service Frequency:	☐ Annually ☐ Quarterly ☐ Monthly		
	Certificates of File:	☐ Yes ☐ No ☐ N/A	☐	
	<1" floor height difference at stop:	☐ Yes ☐ No ☐ N/A	☐	
	Emergency call box operational:	☐ Yes ☐ No ☐ N/A	☐	
Garbage Chutes & Dumpsters				
Trash Chute Rooms	Cleaned daily:	☐ Yes ☐ No ☐ N/A	☐	
	Fire Doors Shut:	☐ Yes ☐ No ☐ N/A	☐	
	Sprinklered:	☐ Yes ☐ No ☐ N/A	☐	
	Room closed and confined:	☐ Yes ☐ No ☐ N/A	☐	
	Safety devices working:	☐ Yes ☐ No ☐ N/A	☐	
	Chute doors and hatches secure:	☐ Yes ☐ No ☐ N/A	☐	
	Housekeeping adequate:	☐ Yes ☐ No ☐ N/A	☐	
Dumpsters	Dumpsters equipped with covers:	☐ Yes ☐ No ☐ N/A	☐	
Parking Lots & Sidewalks				
Parking Lot Surface	Cracked or displaced pavement:	☐ Yes ☐ No ☐ N/A	☐	
	Potholes patched and filled:	☐ Yes ☐ No ☐ N/A	☐	
	Free of debris:	☐ Yes ☐ No ☐ N/A	☐	
	Tripping Hazards noted:	☐ Yes ☐ No ☐ N/A	☐	
	Parking delineation lines clear:	☐ Yes ☐ No ☐ N/A	☐	
	Wheel stops for parking spaces:	☐ Yes ☐ No ☐ N/A	☐	
	Speed bumps adequately designed:	☐ Yes ☐ No ☐ N/A	☐	
	Speed bumps a contrasting colour:	☐ Yes ☐ No ☐ N/A	☐	
	Lighting adequate in parking lot:	☐ Yes ☐ No ☐ N/A	☐	
	Fire Department access clear:	☐ Yes ☐ No ☐ N/A	☐	
	Fire department access marked:	☐ Yes ☐ No ☐ N/A	☐	
Sidewalks	Walking surfaces level:	☐ Yes ☐ No ☐ N/A	☐	
	Height difference (>1/4") noted:	☐ Yes ☐ No ☐ N/A	☐	
	Curbs well marked / painted:	☐ Yes ☐ No ☐ N/A	☐	
	Curbing in good condition:	☐ Yes ☐ No ☐ N/A	☐	
	Curbing level with sidewalk:	☐ Yes ☐ No ☐ N/A	☐	
Snow Removal	Snow & Ice removed by contractor:	☐ Yes ☐ No	☐	
	Snow & Ice removed by employees:	☐ Yes ☐ No	☐	
	Salting & Sanding post removal:	☐ Yes ☐ No ☐ N/A	☐	
	Emergency Exits cleared of snow:	☐ Yes ☐ No ☐ N/A	☐	
	Snow removal documented:	☐ Yes ☐ No ☐ N/A	☐	
Grounds and Landscaping				
Sprinklers	Lawn Sprinklers are located away from walkways to avoid tripping:	☐ Yes ☐ No ☐ N/A	☐	

Total Number of Action Items:	

Action Items:

#	Description	Timeline
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		

Note: If additional space is needed please use a separate piece of paper.

General Comments: