

Monthly Premises Inspection Checklist

A Report of Unsafe Conditions form should be completed for each "Need Improvement" answer and the problem should be corrected within two weeks.

(OK = Adequate, N/I = Needs Improvement, N/A = Not Applicable)

	OK	N/I	N/A
1. Driveways, Parking Lots, Carports and Garages:			
Controls in place to protect walls and supports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheel stops in proper position, secured and painted a contrasting color?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed bumps located where necessary and painted a contrasting color?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grease and oil spots controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No evidence of waste oil dumping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting covers all public areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All cars properly parked in marked spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned and inoperative cars promptly removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driveway surfaces free of pot holes and uneven surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetation pruned back to reduce blind spots?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas meters protected to prevent damage by vehicles. i.e. concrete posts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height limits posted over garage and carport openings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snow removed as needed in winter weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Privacy Gates:			
Safety devices in place and adjusted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency access available for fire and police?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual operating procedures available for gates if power fails?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driveway gates have stop signs posted on both sides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic gates have sign posted "CAUTION: AUTOMATIC GATE"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Garbage Area:			
Area clean: no broken glass or slippery liquids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dumpster lids kept closed and wheels locked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No abandoned appliances or furniture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No signs of hazardous materials being dumped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetation cleared away from tops and sides of dumpsters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dumpsters kept away from building walls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. FIRE PREVENTION:			
Fire extinguishers of appropriate size and type available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguishers serviced once a year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm bells identified and painted a contrasting color?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local fire alarm serviced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke detectors in place and functioning tested monthly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No flammable liquids allowed in storage areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No combustible weeds or debris on property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireplace and BBQ ashes properly disposed of in separate metal containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Automatic sprinkler system regularly inspected and tested by qualified personnel?			
Fireplaces and chimneys inspected/cleaned annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetation cleared within 10 feet of chimneys?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spark arrestor caps in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fireplaces equipped with screens inspected annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	OK	N/I	N/A
6. Walkways and Lawns:			
Free of trip and fall hazards - no uneven surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No standing water on walkways surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground cover and bushes kept off walkway surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawn sprinklers do not protrude above ground in any pedestrian area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting illuminates all anticipated walking surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step up/step down areas properly protected by railings and/or indicated by bright, contrasting paint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trees, Bushes, Hedges, Ground Cover:			
Gutters and roofs clear of leaves and debris?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trees pruned away from roofs, eaves or buildings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower branches of trees removed to a minimum of seven feet above sidewalk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bushes and hedges pruned back to reduce hiding places?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brush cleared to 30 feet from buildings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poison oak/ivy removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tree roots covered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Lighting			
Adequate lighting present in all outdoor areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting time-clock adjusted at regular intervals for daylight changes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All porch lights covered and equipped with properly sized bulb?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot bulbs/fixtures out of reach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circuit breakers properly labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is emergency lighting operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Balconies and Decks:			
Potted plants on railings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No storage on balconies and decks (it adds undesirable extra weight)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No flammable liquid storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate railings in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No loose railings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Stairs and Handrails:			
No loose stairs, Anti-slip covering in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No loose or missing railings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No combustible storage under stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting appropriate for conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpet secure and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Playground and Equipment			
Equipment secured to ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shock-absorbing base beneath equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment inspected for worn, loose or missing components and repaired if necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass, animal feces and other litter routinely cleaned up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular documented inspections of equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Laundry Room:			
Lighting adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"NO SMOKING" signs posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal garbage cans provided with self-closing lids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dryer lint screens kept clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dryer vents unobstructed, connected and clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors closed and locked when unattended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No storage within 18 inches of the water heaters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water heater burner door in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Area behind dryers and washers kept clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dryer motor and related parts cleaned and lubricated semi-annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	OK	N/I	N/A
13. Pool and Spa:			
Fences around pool and spa in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gates self-closing and self-latching?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life saving equipment available? (i.e., life rings, pole with hook, ropes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper postings:			
a) Pool occupancy/spa occupancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Maximum and minimum depth of pool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Emergency phone number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Warning sign for spa?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Warning sign for pool using chlorine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) NO LIFEGUARD ON DUTY sign posted where necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) No diving sign visible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency switch for spa identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool and spa are kept clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool side tables and chairs in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone readily available for emergency calls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool chemical supplies secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathrooms and shower areas kept clean and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Sauna:			
Checked daily for serviceability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door(s) open easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benches free of splinters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rules posted for users' reference?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermostat functional and visible to user?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window is present and clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health warning signs posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Recreation Room, Game Room, and Social Facilities:			
Area checked daily for condition? (i.e., kitchen etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking appliance(s) turned off when no one is present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities inspected after each use or function?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rules posted for users' reference?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Exercise Room:			
Equipment frequently inspected for worn, loose or missing components?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defective equipment removed to preclude its use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rules posted for users' reference?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buddy system encouraged when using equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Elevators:			
Annual inspection certificate posted in car?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly service records maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"NO SMOKING" signs posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wide-lipped, sand-filled ash trays provided on each floor outside elevator doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs posted "In The Event of Fire" do not use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Heating and Air Conditioning:			
Units Regularly serviced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water heaters or boilers inspected annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility Room kept clean and free of debris?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Windows:

OK N/I N/A

- No broken or cracked window glass?
- No missing window screens?
- Barred windows equipped with interior releases?
- Interior releases on barred windows tested for proper operation?

20. Doors and Locks:

- Utility room doors kept closed and locked?
- Residents' doors and locks functioning properly?
- Locks changed when new tenant moves in?
- Exterior gates and doors functioning properly and kept locked?
- Residents' doors equipped with door viewer/peephole?
- Emergency exits properly marked?

Report of Unsafe Conditions

This form is designed for use by management, tenants and employees. It is also used by management during formal documented inspections of the property to identify problem areas which need immediate attention. Employees are encouraged to use this form to report unsafe conditions to management.

Date: _____ Time: _____

Location: _____

Hazard/Problem: _____

Submitted By: _____ Phone: _____

Address: _____

For Manager Use Only:

Repair/Correction Necessary: _____

Permanent: _____ Temporary: _____

Reviewed By: _____ Date: _____

Fill Out and Return to Reporting Party

Date Condition Inspected: _____

Date Work to Start: _____

Date Work to be Completed: _____

No Action Taken - Reason: _____

Reviewed By: _____