

MONTHLY PREVENTIVE MAINTENANCE

Return completed form to **MAINTENANCE DEPARTMENT** on the 15th of each month

Building _____ Month _____

Please initial the box

ROOF CHECKS

- Checked for roof damage
- Checked drains
- Checked downspouts
- Removed debris
- Check exhaust systems
- Service required - work order sent

Comments: _____

FIRE EXTINGUISHERS

- Checked all units as per fire extinguisher listing
- All units checked okay
- Confirmed extinguishers serviced within past 12 months
- Service required - work order sent

Comments: _____

EMERGENCY LIGHTING

- Checked all units
- All units checked okay
- Service required - work order sent

Comments: _____

EXIT LIGHTING

- Checked all units
- All units checked okay
- Service required - work order sent

Comments: _____

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AIR HANDLING UNITS AND UNIVENTS

- Vacuumed and cleaned inside of units (twice a year)
- Replaced univent filters (to be replaced every 3 months of operation)
- Replaced air handling unit filters (to be replaced every 3 months of operation)

Comments: _____

PLAYGROUND EQUIPMENT

- Checked all equipment for broken or missing parts
- Checked for appropriate ground cover
- Service required - work order sent

Comments: _____

FIRE ALARM SYSTEM

- Equipment on and functioning
- Checked to see no trouble alarms exist
- Set off system, on even numbered months
- Service required - called maintenance for service followed with work order

Comments: _____

BOILERS/COMPRESSORS

- Blow down the boilers (To be done weekly)
- Oil compressors as needed
- Check for odd "clanking" sounds and report immediately (To be done daily)
- Service required - work order sent

Comments: _____

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SITE/GROUNDS (To be done on a daily basis)

- Walked grounds area to identify any dangerous conditions
- Walked parking, sidewalks and asphalt play surfaces to identify dangerous conditions
- Inspected fences, handrails, benches, steps, etc. to determine if corrective action is necessary
- Service required - work order sent

Comments: _____

Signed _____
Completed By

Date _____

Signed _____
Principal

Date _____