

Care Home Maintenance Checklist

Property Name _____

Date _____

	Check	Comments
<input type="checkbox"/>	Roofs	
<input type="checkbox"/>	External Decoration	
<input type="checkbox"/>	Trip and slip hazards	
<input type="checkbox"/>	Exterior Walls	
<input type="checkbox"/>	Windows and External Doors	
<input type="checkbox"/>	Internal Decoration	
<input type="checkbox"/>	Inspect lighting	
<input type="checkbox"/>	Internal repairs	
<input type="checkbox"/>	Floors and Staircases	
<input type="checkbox"/>	Partitions	
<input type="checkbox"/>	Mechanical Installations	
<input type="checkbox"/>	Electircal Installations	
<input type="checkbox"/>	Inspect Lifts	
<input type="checkbox"/>	Communications Systems	
<input type="checkbox"/>	Water and Sanitation	
<input type="checkbox"/>	Gas Installations	
<input type="checkbox"/>	External Works	
<input type="checkbox"/>	Fire Protection Equipment	
<input type="checkbox"/>	Inspect firefighting equipment, gullies, drainage channels and gutters	
<input type="checkbox"/>	Ventilation, Heating and HVAC	
<input type="checkbox"/>	Clean ventilation filters	
Add your own checks below		
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