

Facility Weekly Maintenance Checklist

The purpose of this form is to determine and track facility maintenance needs.

Form must be completed the every week.

Upon completion, facility needs and maintenance recorded on form should be submitted as a Facility Maintenance request.

Please circle facility

North Lakes Rec Center

Denia Rec Center

MLK Jr. Rec Center

American Legion Hall

Senior Center

Date of Inspection (mm/dd/yyyy) _____

Name of staff person conducting inspection _____

Area	Criteria	Yes	No	N/A	Comments
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Gym

Lights	Proper working order				
Backboards and Rims	Proper working order; free of breaks or cracks				
Gym Curtain	Operational free of holes or tears				
Bleachers	Sharp dangerous edges missing/free of loose pieces				
Floors	Surfaces clean, clear of nails, splinters, cracks, slippery/sticky substances. Openings properly guarded.				

Rooms and Lobby

Lights	Proper working order				
Tables	Free of breaks, cracks, loose legs and tops				
Chairs	Free of loose bolts, broken or loose legs and seats				
Game Tables	Free of missing pieces, broken or wobbly legs and broken tops				
Floors	Surfaces clean, clear of nails, splinters, cracks, slippery/sticky substances. Openings properly guarded.				
Kitchen Area	Appliances in working order				
Cabinets	Organized, doors closing properly, locked if needed				
Counters	Surfaces clean, clear of splinters, cracks, slippery/sticky substances.				

Offices

Lights	Proper working order				
Chairs	Free of loose bolts, broken/loose legs/seats				
Carpet	Free of curled up edges, free of tripping hazards				
Floors	Clear of extension cords				
In General	Safe condition				

Area	Criteria	Yes	No	N/A	Comments
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Restrooms

Lights	Proper working condition				
Stalls	Free of cracks, breaks, loose hinges/bolts				
Showers	Proper working condition				
Lockers	Proper working condition				
Plumbing Fixtures	Free of breaks/cracks, proper working order, free of leaks				
Toilets	In working order				
Toilet Paper	In working order				
Dispensers/Hand Dryers	In working order				
Floors	Surfaces clean and clear of nails, splinters, cracks, slippery/sticky substances. Openings properly guarded.				

Storage Areas

Lights	Proper working condition				
Chemicals	Stored safely				
Floors	Surfaces clean and clear of nails, splinters, cracks, slippery/sticky substances. Openings properly guarded.				

General

Ceiling Tiles	In place with no breaks				
Lights	Switches/Covers replaced and/or free of cracks/breaks and in working order.				
Electrical Outlets	Safe and in working order.				
Walls	Clean				
Exits	Marked properly and area clear. Lights in working order. Evacuation plan posted				
A/C	Working order				
Fire Extinguisher	Checked, tagged, accessible				
Water Fountain	In working order, free of leaks				
Signage	Up to date				
Handicap Door	Working order				
AED	Working order, Expiration date on pads				
Door Locks	Working order				

Outside

Lights	Working order				
Windows	Free of cracks/breaks				
Sidewalks	Free of hole, cracks, and all debris				
Parking Lot	Free of holes, cracks, and all debris				
Outdoor Play area	Free of broken glass and/or broken/lose equipment				

Additional Comments:

Name of Supervisor:

Supervisor has reviewed form.

Necessary Facility Maintenance requests have been made.