

Facility Weekly Maintenance Checklist

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

Form must be completed weekly.

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)

03/24/2023
Kuby McKay

Name of staff person conducting inspection

Area	Criteria	Yes	No	N/A	Comments
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Gym

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

Rooms and Lobby

Lights	Proper working order	<input checked="" type="checkbox"/>			Awaiting work on lobby lights
Tables	Free of breaks, cracks, loose legs and tops	<input checked="" type="checkbox"/>			
Chairs	Free of loose bolts, broken or loose legs and seats	<input checked="" type="checkbox"/>			
Game Tables	Free of missing pieces, broken or wobbly legs and broken tops	<input checked="" type="checkbox"/>			
Floors	Surfaces clean, clear of nails, splinters, cracks, slippery/sticky substances. Openings properly guarded.	<input checked="" type="checkbox"/>			Lobby floor still cracked - new w/o
Kitchen Area	Appliances in working order	<input checked="" type="checkbox"/>			
Cabinets	Organized, doors closing properly, locked if needed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Some cabinets coming off hinges.
Counters	Surfaces clean, clear of splinters, cracks, slippery/sticky substances.	<input checked="" type="checkbox"/>			

Across from Room A - cinder wall - Paint chipped

Offices

Lights	Proper working order	<input checked="" type="checkbox"/>			
Chairs	Free of loose bolts, broken/loose legs/seats	<input checked="" type="checkbox"/>			
Carpet	Free of curled up edges, free of tripping hazards	<input checked="" type="checkbox"/>			
Floors	Clear of extension cords	<input checked="" type="checkbox"/>			
In General	Safe condition	<input checked="" type="checkbox"/>			

Area	Criteria	Yes	No	N/A	Comments
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Restrooms

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

Storage Areas

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

General

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

Outside

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

Additional Comments:

Name of Supervisor:

Supervisor has reviewed form.

Necessary Facility Maintenance requests have been made.

Alicia Metancels