

MONTHLY MAINTENANCE CHECKLIST

Supported Independent Living Suite

PLEASE RECORD YOUR FINDINGS AND DOCUMENT WHAT WAS DONE TO RECTIFY THE SITUATION.

Tested smoke/CO detectors. Please note they are hardwired into the house's system		
Check Fire Extinguishers (once twice a year June/Jan turn over, hold upside down and shake, record on tag)		
Fire drills are to be completed twice a year. Last fire drill was completed on:	Spring Drill	Fall Drill
Was the drill done with the Group Home?:	Yes	Yes
	No	No
Check closet doors, windows, latches, heat vents, interior lighting, cupboards, etc. and make note of any repairs required, and record repairs completed:		
Check flooring for damage i.e. scratches or defects, walls i.e. holes, paint chips, etc. and make note of any repairs required, and record repairs completed:		
Check personal furniture legs/drawers, bed frame, etc. and make note of any repairs required, and record repairs completed:		
Check exterior lighting and locks, and make note of any repairs required, and record repairs completed:		
Entranceway is to be cleared of snow, debris or foliage, etc.		
Check the floor drain, located in the bathroom, add a gallon of water if odor is present		
Check all water taps, pipes, shower and toilet for leaks		
Snake toilet if needed		
Check temperature in fridge and freezer: (Refrigeration must be kept at 4 degrees Celsius or 40 degrees Fahrenheit or below. Frozen foods must be kept at minus 18 degrees Celsius or 0 degrees Fahrenheit or below)	Fridge:	
	Freezer:	
List <u>other</u> maintenance work required or completed:		
Individuals Signature _____	Worker Signature _____	
Date _____	Date _____	