MONTHLY MAINTENANCE CHECKLIST	Group Home Two
Inspection completed by:	Date:

PLEASE RECORD YOUR FINDINGS AND DOCUMENT WHAT	WAS DONE TO CORRECT THE SITUATION.
Test combined Smoke / Carbon Monoxide detectors units, gently vacuum monthly	
Fire Extinguishers - staff date/initial monthly checks on tag. Twice a year Jan/June hold upside down and shake, date and record "SHK" on tag	
Floor evacuation plans are posted at all exits – includes location of extinguishers. Fire evacuation is reviewed monthly, and evacuation drills are completed twice a year (Spring to Fall)	
Emergency Lights - four times per year unplug for 1 min., annually test battery life by flipping the breaker off to the emergency lights. Lights must stay illuminated a minimum of 30 min.	
Facility First Aid stations – ensure kits are fully stocked and replace any expired items see attached check list	
Vehicle First Aid stations – ensure kits are fully stocked and replace any expired items.	Manager retains checklist for replenishing kits
Inspect disinfectant dispensing units - ensure functioning properly. Test each disinfectant setting with test strips provided. Check expiry dates on cleaning/disinfectant products.	
Check boiler and hot water tank for any leaks or any signs of damage etc. ensure NO items are stored within 2 meters of units and under breaker boxes	
Boiler house valve to be shut off in May and switched on mid to late September. ON/OFF depending on climate for that year.	Indicate if valves are on or off
Annual boiler inspection to be scheduled for completion in September. Date of last professional boiler inspection.	
Check water meter using a flashlight, it will bring up display screen; please circle what the Leak Indicator is displaying (which is a symbol of a leaking faucet) i.e., Flashing = water was recently used	OFF / FLASHING / CONTINUOUSLY ON
	Please follow directives as indicated on the posting when a leak has been revealed
Have outside taps shutoff and drained in the fall, indicate/record date completed	
Remove and store away all garden hoses & equipment in the fall	
Airconditioning ceiling vents are located only on the upper floor in the bedrooms and kitchen/hallway wall and must be plugged off in the Fall through to Spring. Schedule dates to plug vents to occur in October and unplugged in May.	
Check exterior lighting, locks, gates, fence, faucets, etc. and make note of any repairs required, and record if repairs were made	

Wash the dryer's lint screen using mild soap and warm water. Vacuum in and under where the lint screen goes.			
Check the sump (pump) holding tank located under the stairs.		Report water level	
Inspect interior taps/ faucets, toilets, showers, toilets, pipes, etc. for leaks and ensure toilets are not running or have leaky seals			
Check interior doors, windows, latches, heat vents, cold air vents, make note of any repairs required and record what was recently repaired.			
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 if repairs were made:			
Check individuals' personal furniture legs/drawers, bed frame, etc. and make note of any repairs required, and record if repairs were made. Submit replacement costs to Program Coordinator for authorization.			
Inspect appliances and furnishings for defects. Note: repairs, service calls, etc. and record when repairs were completed			
Descale dishwasher monthly. Regular monthly descaling maintenance done by adding vinegar to the rinse cycle or use dishwasher cleaning tablets following product directions.			
Verify dishwasher sanitation every six months – run a Thermometer Thermolabel through a full wash and final rinse cycle (sanitation cycle is to be used with every load)			
Check temperature in fridges and freezers.	Upper level fridge	Upper level freezer	
Refrigeration must be kept at 4 degrees Celsius or 40 degrees Fahrenheit or slightly below.	Lower level	Lower level	
Frozen foods must be kept at minus 18 degrees Celsius or 0 degrees Fahrenheit or below.	fridge	freezer	
	Deepfreeze		
OTHER MAINTENANCE WORK REQUIRING REP	AIDS:		
Include who/what the remediation arrangements are. If maintenance work is			

OTHER MAINTENANCE WORK REQUIRING REPAIRS:		
Include who/what the remediation arrangements are. If maintenance work is pending or if deficiencies are complete:		
Residence Manager:	Date:	