

Building Maintenance Watch Program

Inspection Form

Revised 4/27/2010

Building Number: _____ (usually painted near top corner of building)

Date Inspected: _____

Submitted By: _____ Phone/Contact Info: _____

Address: _____

		Location/Unit # (F) Front (R) Rear (L) Left (Rt) Right	<input checked="" type="checkbox"/> If High Priority
Roofing	_____ Broken, cracked or missing tiles		
	_____ Sagging or sunken areas		
	_____ Holes or broken/missing louvers in wooden vent		
	_____ Damage to wood cupola (@ top of roof)		
	_____ Other: _____		
Gutter	_____ Visible leaf blockages		
	_____ Bent or disconnected gutter		
	_____ Nails not flush or missing		
	_____ Flashing over doors damaged or missing		
	_____ Other: _____		
Downspouts	_____ Broken or not connected		
	_____ Blocked or clogged		
	_____ Not aligned with underground pipe		
	_____ Underground pipe clogged or overflowing		
	_____ Other: _____		
Wood Trim	_____ Rotting or missing fascia (board under gutter)		
	_____ Columns		
	_____ Doors or frames		
	_____ Shutters (doors or windows)		
	_____ Missing or damaged unit address plaques		
	_____ Other: _____		
Paint	_____ Peeling of wood shutters, vents (circle)		
	_____ Peeling of door frames or columns		
	_____ Peeling of fascia or gutter trim		
	_____ Discolored wood where peeling		
	_____ Suspected wood rot or mold		
	_____ Other: _____		
Porch/Breezeway	_____ Broken or cracked bricks or mortar walls		
	_____ Damage to ceiling		
	_____ Damage to floor slab		
	_____ Damage to columns		
	_____ Damage to lattice-work		
	_____ Non-functioning lights		
	_____ Other: _____		

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Bldg. _____

Location/Unit #

(F) Front (R) Rear
(L) Left (Rt) Right

☒ If High
Priority

Brick Wall	<input type="checkbox"/>	Broken or cracked bricks (bldg front, rear ends)		
	<input type="checkbox"/>	Broken or cracked mortar		
	<input type="checkbox"/>	Broken/missing bricks in accent areas		
	<input type="checkbox"/>	Damaged chimney		
	<input type="checkbox"/>	Other: _____		

Walks & Paving	<input type="checkbox"/>	Badly deteriorated, crumbling, or settled walks		
	<input type="checkbox"/>	Broken steps or severely settled		
	<input type="checkbox"/>	Entry stoop is damaged or severely slanted		
	<input type="checkbox"/>	Loose or broken handrails		
	<input type="checkbox"/>	Muddy or submerged walks		
	<input type="checkbox"/>	Damaged asphalt paving; potholes; ponding, etc		
	<input type="checkbox"/>	Damaged or broken curbs along street or lot		
	<input type="checkbox"/>	Other: _____		

Grounds	<input type="checkbox"/>	Large bare areas of grass		
	<input type="checkbox"/>	Sink holes in ground		
	<input type="checkbox"/>	Erosion		
	<input type="checkbox"/>	Standing water, frequently soggy ground		
	<input type="checkbox"/>	Hazardous tree- broken branch or badly leaning		
	<input type="checkbox"/>	Tree branches on building roof		
	<input type="checkbox"/>	Litter problem or many branches & twigs		
	<input type="checkbox"/>	Other: _____		

Utilities	<input type="checkbox"/>	Broken or unsightly meters or utility boxes		
	<input type="checkbox"/>	Exposed, hanging, unsightly utility cables/ boxes		
	<input type="checkbox"/>	Broken, blocked, or misdirected site lighting		
	<input type="checkbox"/>	Broken or missing unit entry light fixture		
	<input type="checkbox"/>	Other: _____		

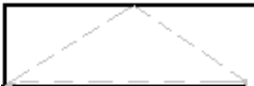
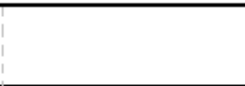
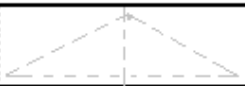
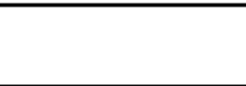








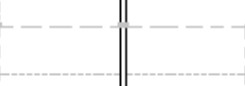


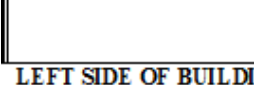

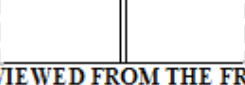

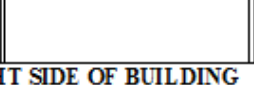
For residents of building only- unit# _____

In-Unit	<input type="checkbox"/>	Sagging ceilings; immediately notify office		X
	<input type="checkbox"/>	Birds or squirrels in attics		
	<input type="checkbox"/>	Evidence of termites (call office for ants, rodents)		
	<input type="checkbox"/>	Other: _____		

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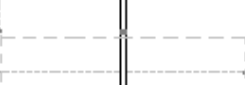




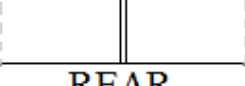


Bldg No. _____

FRONT OF BUILDING

FRONT OF BUILDING				
				
				
				
				

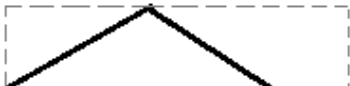


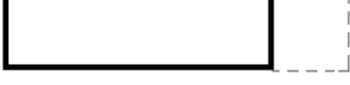
(AS VIEWED FROM THE FRONT)

REAR OF BUILDING

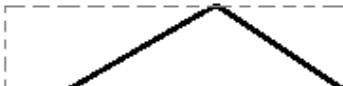


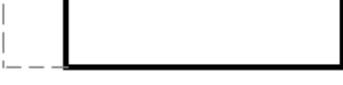
REAR OF BUILDING				
				
				
				
				

REAR

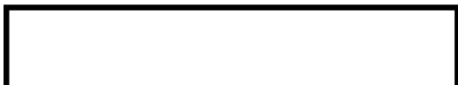
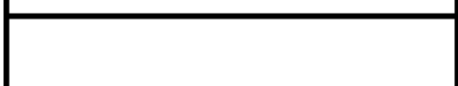
LEFT END

RIGHT END

REAR

LEFT END		RIGHT END
LEFT END		RIGHT END

FRONT

USE THIS PAGE FOR ADDITIONAL NOTES AND DRAWINGS

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Bldg No. _____

COMMENTS, NOTES, AND DRAWINGS

[illegible]