|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Property** |  | | |  | **Date** |  |
| **Manager** |  |  | **Performed by** |  | | |

**CURB APPEAL**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | No | | 1. | Is proper directional signage in place? Is it consistent throughout property? |
|  |  |  |  | |  |
|  | Yes |  | No | | 2. | Are the main I.D. and other signs clean and visible? |
|  | Yes |  | No | | 3. | Are flags, banners, poles in good condition? |
|  | Yes |  | No | | 4. | Are parking and towing policies posted at each entrance? |
|  | Yes |  | No | | 5. | Is the towing company phone number on sign? |
| COMMENTS: | | | |  | | |
|  | | | | | | |
|  | | | | | | |

**GROUNDS AND LANDSCAPING**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | No | | 1. | Are seasonal plantings alive, blooming and watered? |
|  | Yes |  | No | | 2. | Are turf areas mowed, edged and watered? |
|  | Yes |  | No | | 3. | Is shrubbery trimmed and bed areas turned and weed free? |
|  | Yes |  | No | | 4. | Are the grounds free of trash and cigarette butts? |
|  | Yes |  | No | | 5. | Are there any visible signs of drainage problems? |
|  | Yes |  | No | | 6. | Is there visible pet defecation near sidewalks or on interior of property? |
| COMMENTS: | | | |  | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |

**PARKING AREAS AND SIDEWALKS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No | 1. | Are parking lots and driveways clean, gravel free and no potholes? |
|  | Yes |  | No | 2. | Are striping and curbs clearly marked? |
|  | Yes |  | No | 3. | Are fire lanes properly marked and painted? |
|  | Yes |  | No | 4. | Are fire hydrants properly painted and marked? |
|  | Yes |  | No | 5. | Is there evidence of standing water / drainage issues? |
|  | Yes |  | No | 6. | Are sidewalks and curbs clean, free of mud, grass and debris? |
|  | Yes |  | No | 7. | Are parking lots free of inoperable vehicles? Boats and trailers stored in |
|  |  |  |  |  | designated area? |
|  | Yes |  | No | 8. | Look for evidence of ADA Compliance: curb cuts/HC parking signage & |
|  |  |  |  |  | striping? |

**PARKING AREAS AND SIDEWALKS** (continued)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | No | | 9. | Are the dumpster perimeters clean and free of trash and debris? |
|  | Yes |  | No | | 10. | Are the dumpsters and lids in good condition? |
|  | Yes |  | No | | 11. | Does the number of containers appear to be sufficient? |
| COMMENTS: | | | |  | | |
|  | | | | | | |
|  | | | | | | |

**BUILDING EXTERIORS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | No | | 1. | Are the roofs in good repair? No leaks? |
|  | Yes |  | No | | 2. | Is guttering sufficient, clean and in good repair? |
|  | Yes |  | No | | 3. | Are siding and paint in good condition? |
|  | Yes |  | No | | 4. | Check steps/railings/stairwells: Handrails secure? Steps secure? |
|  |  |  |  | |  | Landings in good condition? |
|  | Yes |  | No | | 5. | Are building numbers clearly marked and visible? |
|  | Yes |  | No | | 6. | Are patio/balcony enclosures in good condition? Are they free of junk |
|  |  |  |  | |  | and clutter? |
|  | Yes |  | No | | 7. | Look at windows: Screens in good repair? No unacceptable window |
|  |  |  |  | |  | coverings showing? Broken windows? |
| COMMENTS: | | | |  | | |
|  | | | | | | |
|  | | | | | | |

**EXTERIOR LIGHTING**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | No | | 1. | Is lighting checked routinely? Is it all working? |
|  | Yes |  | No | | 2. | Is lighting sufficient? Record problem areas. |
|  | Yes |  | No | | 3. | Trees and shrubs sufficiently trimmed to avoid interference with lighting? |
|  | Yes |  | No | | 4. | Timers properly set? |
|  | Yes |  | No | | 5. | Are weekly logs maintained that indicate lighting is routinely checked? |
| COMMENTS: | | | |  | | |
|  | | | | | | |
|  | | | | | | |

**Exterior Common Areas**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No | 1. | Is outdoor furniture in place during the season? |
|  | Yes |  | No | 2. | Is the furniture in good condition? |
|  | Yes |  | No | 3. | Are the exterior common areas cleaned on a regular basis? |
|  | Yes |  | No | 4. | Are any trip hazards present in the exterior common areas? |
| COMMENTS: |  |  |  |  |  |
|  | | | | | |
|  | | | | | |
|  | | | | | |

**COMMON AREAS**

**Hallways**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | No | | 1. | Clean? |
|  | Yes |  | No | | 2. | Are walls and floors in good shape? |
|  | Yes |  | No | | 3. | Are mailboxes 'in good condition? No broken doors/locks? |
|  | Yes |  | No | | 4. | Is lighting sufficient and operable? |
|  | Yes |  | No | | 5. | Is touch-up painting needed? |
| COMMENTS: | | | |  | | |
|  | | | | | | |
|  | | | | | | |

**LAUNDRY FACILITIES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | No | | 1. | Are the laundry rooms clearly marked? |
|  | Yes |  | No | | 2. | Are all machines clean and operable? Is there lint behind the dryers? |
|  | Yes |  | No | | 3. | Are walls and flooring in clean and in good repair? |
|  | Yes |  | No | | 4. | Is a trash container present and clean? |
|  | Yes |  | No | | 5. | Is lighting operable? |
| COMMENTS: | | | |  | | | |
|  | | | | | | | |
|  | | | | | | | |

**FITNESS CENTER/SPORT COURT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | No | | 1. | Are Fitness Center locks or controlled access in working order? |
|  | Yes |  | No | | 2. | Is the lighting sufficient and operable? |
|  | Yes |  | No | | 3. | Are walls and flooring clean and in good repair? |
|  | Yes |  | No | | 4. | Is the equipment operable and well maintained? |
|  | Yes |  | No | | 5. | Are tennis or basketball court surfaces in good condition? |
|  | Yes |  | No | | 6. | Are nets and windscreens in good condition? |
|  | Yes |  | No | | 7. | Are perimeter fencing and gates in good condition? |
|  | Yes |  | No | | 8. | Is there proper signage i.e.; rules posted? | | |
|  | Yes |  | No | | 9. | Are logs maintained that indicate the Fitness Center was inspected? | | |
| COMMENTS: | | | |  | | | |
|  | | | | | | | |
|  | | | | | | | |

**VACANT UNITS**

***Run a Daily Activity report. Does this report match the Make Ready board in the leasing office or maintenance shop?***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Walk all “vacant - not ready” units. How many units are vacant but not ready?*** | | | | | | | | | | | |  | | | |
|  | Yes |  | No | | 1. | Does a review of the DAR reveal units sitting vacant more than **30** days? | | | | | | | | | |
|  |  |  |  | |  | **If yes**, how many units are vacant more than 30 days? | | | | | |  | | | |
|  |  |  |  | |  | *Walk these units first* to identify the cause(s). | | | | | | | | | |
|  |  |  |  | |  |  | | | | | | | | | |
|  | Yes |  | No | | 2. | *Walk all remaining vacant units*. Are all units listed as vacant actually vacant?  What is the plan to get these units ready for occupancy? | | | | | | | | | |
|  |  |  |  | |  |
| ***Pull the Make-Ready and Cleaning checklists completed on make-ready units.*** | | | | | | | | | | | | | | | |
|  | Yes |  | No | | 3. | Are there any noticeable or unpleasant odors? | | | | | | | | |
|  | Yes |  | No | | 4. | Are all light bulbs working? | | | | | | | | |
|  | Yes |  | No | | 5. | Is the carpet clean and in good repair? | | | | | | | | |
|  | Yes |  | No | | 6. | Are the tile floors clean and in good repair? | | | | | | | | |
|  | Yes |  | No | | 7. | Are the windows and front door clean and operable? | | | | | | | | |
|  | Yes |  | No | | 8. | Are all locks present and operable? | | | | | | | | |
|  | Yes |  | No | | 9. | Is the smoke detector operable? | | | | | | | | |
|  | Yes |  | No | | 10. | Are appliances, cabinets, drawers clean? | | | | | | | | |
|  | Yes |  | No | | 11. | Are the window coverings clean and in good repair? | | | | | | | | |
|  | Yes |  | No | | 12. | Are the drapes or blinds closed? | | | | | | | | |
|  | Yes |  | No | | 13. | Are all vacant units locked? | | | | | | | | |
|  | Yes |  | No | | 14. | Are locks re-keyed between residents? | | | | | | | | |
|  | Yes |  | No | | 15. | Does the overall make-ready quality meet standards? | | | | | | | | |
| **Note Units Inspected:** | | | | | |  |  |  |  |  |  |  |  |  |
| COMMENTS: | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |

**MODEL APARTMENT(S)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | No | | 1. | Is the model clean and fresh-smelling? |
|  | Yes |  | No | | 2. | Are the furniture and accessories in good condition? |
|  | Yes |  | No | | 3. | Are the lights on and temperature comfortable? |
|  | Yes |  | No | | 4. | Is everything in working order? Including bulbs? |
|  | Yes |  | No | | 5. | Does the model represent the general availability of amenities ie; carpet, |
|  |  |  |  | |  | wallpaper, appliances etc. |
|  | Yes |  | No | | 6. | Is the overall appearance good? Tastefully decorated? |
| COMMENTS: | | | |  | | |
|  | | | | | | |
|  | | | | | | |

**MAINTENANCE SHOP, STORAGE AREAS, AND SAFETY EOUIPMENT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | No | 1. | Is the maintenance shop kept locked at all times? | |
|  | Yes |  | No | 2. | Is the shop organized and free of obstructions? | |
|  | Yes |  | No | 3. | Are safety notices posted? | |
|  | Yes |  | No | 4. | Is a fire extinguisher present and current? Is there a smoke alarm? | |
|  | Yes |  | No | 5. | Are chemicals properly labeled and stored? | |
|  | Yes |  | No | 6. | Is the Hazcom notebook current with MSDS sheets? | |
|  | Yes |  | No | 7. | Safety equipment present and being used: | |
|  |  |  |  | |  | First aid kit? Eye Wash Station? |
|  |  |  |  | |  | Safety goggles? |
|  |  |  |  | |  | Gloves (leather and rubber)? |
|  |  |  |  | |  | Nose and mouth masks? |
|  |  |  |  | |  | Back belts |
|  | Yes |  | No | 8. | Are there signs of smoking in the shop? | |
|  | Yes |  | No | 9. | Are site maps posted, with utility (Gas and/or Electric) cut-offs, sewer clean-outs, sprinkler controls etc.? | |
|  |  |  |  |  |  | |
|  | Yes |  | No | 10. | Is all paint properly stored in vented fire proof metal cabinets? | |
|  | Yes |  | No | 11. | Is a Personal Property Tools Inventory posted? | |
|  | Yes |  | No | 12. | Is Freon Recovery practiced? Logs used and current? | |
|  | Yes |  | No | 12. | Is there a fire proof cabinet? | |

**MAINTENANCE SHOP, STORAGE AREAS, AND SAFETY EOUIPMENT** (continued)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | No | | 13. | Is there a Preventive Maintenance Plan in place? Does it include: | |
|  |  |  |  | | |  | Annual Fire Extinguisher inspection? |
|  |  |  |  | | |  | Smoke Detector inspections? |
|  |  |  |  | | |  | HVAC filters? |
|  |  |  |  | | |  | Water conservation? |
|  | Yes |  | No | | 14. | Is there an adequate inventory of routine parts and supplies? | |
|  | Yes |  | No | | 15. | Is the property equipment in good condition and stored properly? | |
| COMMENTS: | | | |  | | | |
|  | | | | | | | |
|  | | | | | | | |

**Service Update**

1. Has previous month’s service requests been addressed?
2. If No, please explain:
3. Are Service Requests being responded to within 48 hours?
4. If No, please explain:
5. Are completed Service Requests being called back for follow-up?
6. If No, please explain:
7. Do vacant apartments in Yardi correspond to the Make Ready Board?
8. If No, please explain:
9. List any units that have been vacant for over 7 days, and are not made ready, and reason for non-completion:

**Punch List**

1. Walk Market Readies, Leasing Office, Lobby, Amenities, Shop and Model
2. List items to address:
3. Curb Appeal of the property:
4. Amenities/Signage Condition:
5. Review MSDS Program, and ensure compliance of Safety Board, and Update sheets.
6. List items to address:

**MAINTENANCE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Yes |  | No | | 1. | Is a Preventive Maintenance program in place and posted in Maintenance shop? Is it being followed? | | | |
|  | Yes |  | No | | 2. | Are the majority of service requests current (less than 48 hrs. old)? | | | |
|  |  |  |  | |  | Number of outstanding work orders: |  | |  |
|  | Yes |  | No | | 3. | Are service tickets tracked? | | | |
|  | Yes |  | No | | 4. | Are routine call backs on work orders being done and documented? | | | |
|  |  |  |  | | 5. | Number of vacant units at present: | |  |  |
|  |  |  |  | | 6. | Number of units that are market ready: | |  |  |
|  | Yes |  | No | | 7. | Does a review of Apartment Move In Inspection sheets from **6** move-ins | | | |
|  |  |  |  | |  | during the last quarter indicate that turnover quality is consistent and up | | | |
|  |  |  |  | |  | A & R standards? | | | | | |
|  | Yes |  | No | | 8. | Is the appliance tracking log up to date? | | | | | |
|  |  |  |  | |  |  | | | | | |
|  | Yes |  | No | | 9. | Are monthly Landscaping Inspections being completed? | | | | | |
|  |  |  |  | |  |  | | | | | |
| COMMENTS: | | | |  | | | | | | |
|  | | | | | | | | | | |
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