

MAINTENANCE CONDITION SURVEY CHECKLIST

INSPECTED BY: _____ DATE: _____

BUILDING NAME/LOCATION: _____

BUILDING # _____ YEAR BUILT/RENOVATED: _____

BRIEF BLDG. DESCRIPTION: _____

REFERENCES TO 7300-1: Utilize these references to establish a more accurate, thorough, condition survey. This set of references should be able to aid you in performing each 7300-1.

1. A-C FOUNDATION & 2. A-B BASEMENTS

- (1) Foundation, type & spacing: _____
- (8) Condition _____
- (3) Floor Joist., size, material, & spacing o/c _____
- (4) Bottom of Joists off ground, inches, average _____
- (5) Adequate ventilation beneath building? _____
- (6) Termite/Carpenter Ant Activity? _____
- (7) Drainage or evidence of flooding? _____
- (9) Rotting or Decay _____
- (10) Insulation _____

3. A-B CHIMNEYS

- (1) Chimney cap condition _____; Screen _____
- (2) Type of construction (brick, metal, asbestos, etc.) _____
- (3) Mortar condition _____
- (4) Liner condition _____
- (5) Roof to chimney seal _____
- (6) Proper anchoring, snow/ice build-up protection _____
- (7) Proper height, downdrafts _____
- (8) Drafting properly, cleanliness _____
- (9) Number of appliances per flue _____
- (10) Number of flues _____
- (11) Overall condition _____

4. A-O CARPENTRY WORK

A. Wall Sections (Exterior)

- (1) Distance from ground to bottom of wood structure _____
- (2) Last year painted (Ext.) _____
- (3) Condition _____
- (4) Type of siding (Ext.) _____
- (5) Insulation type and thickness _____

B.,C. Exterior Millwork, Exterior Trim

- (1) Material/Condition_____
- (2) Last Year Painted_____

D.,E.,F. Porch Posts, Steps, Floors

- (1) Material/Condition_____
- (2) Hazards_____
- (3) Proper Railing_____

G. Windows

- (1) Do all windows operate properly?_____If not, which?_____
- (2) Types/material of windows_____
- (3) Need for weather stripping_____If so, which?_____
- (4) Need for storm windows_____
- (5) Storm windows - effective dead air barrier?_____
- (6) Condition (framing, sills, etc.)_____
- (7) Latches securing properly_____
- (8) Glazing - putty/cracked/broken/weatherstripping_____

H. Doors (Exterior)

- (1) Do all operate properly?_____If not, which?_____
- (2) Properly weather stripped_____If not, which?_____
- (3) Need for storm doors_____If so, which?_____
- (4) Material/Condition_____
- (5) Paint or finish_____
- (6) Latches securing properly_____
- (7) Condition of jambs_____
- (8) Glazing - putty/cracked/broken/weatherstripping_____

I. Shutters

- (1) Operation_____
- (2) Material/Condition_____

J. Screens (doors, windows, crawl space vents)

- (1) Condition_____
- (2) Need for them_____

K.,L. Carport/Garages

- (1) Hazardous storage/hazards_____
- (2) Type of floor, condition_____
- (3) Structural damage_____
- (4) Door type & condition_____

M. Hardware (Refer to 9 A through C)

N. Siding (Refer to 4 A)

O. Puttying/Painting (Refer to 4. A through N. and 5. A through I)

General exterior maintenance requirements/notes (incl. presence of hazardous materials or safety issues)

5.A-I INTERIOR WOODWORK

A.,D. Doors (Interior), including sliding

- (1) Do all operate properly?_____ If not, which?_____
- (2) Material/Condition_____

B. Sidelites

- (1) Operational_____
- (2) Material/Condition_____

C. Trim and Moulding

- (1) Material/Condition_____
- (2) Finish_____

E.,F.,G.,H.,I. Closets, Cabinets

- (1) Operational_____
- (2) Finish/Material/Condition_____
- (3) Latches working_____
- (4) Doors hanging straight_____

5.A-I BUILDING INTERIOR - GENERAL

- (1) Ceiling -Type of material_____
- Appearance_____
- Light reflectivity_____
- Need for repainting_____
- (2) Walls -Type of material_____
- Appearance/condition_____
- Need for repainting_____
- (3) General - Number of rooms_____

Size of each(Length x Width x Height) OR DRAW SKETCH ON BACK OF PAGE 9 -
THIS INFORMATION NOT REQUIRED IF PLANS ARE AVAILABLE:

Living Room_____

Dining Room_____

Bedroom(s)_____

Kitchen_____

Bathroom(s)_____

Storage_____

Garage_____

Office(s)_____

Others (identify)_____

6. STAIRS

- (1) Condition_____ Handrail height/dia_____
- (2) Height of risers_____ Depth of tread_____ Stairwell width_____
- (3) Hazards/tread material & condition_____
- (4) Construction materials_____
- (5) Storage underneath properly utilized?_____

7. FLOOR COVERING

- (1) Type of subfloor/underlayment_____
- (2) Type of finish floor or covering_____
- (3) Condition & soundness_____
- (4) Estimated remaining life of finish or covering_____
- (5) Base cove & molding condition_____

8. ROOFING

- (1) Type of roofing_____
- (2) Condition_____
- (3) Age_____
- (4) Moss build-up (wood only)_____
- (5) Treatment need (wood only)_____
- (6) Evidence of leakage_____
- (7) Ice build-up (need for heat cables?)_____
- (8) Snow load capacity_____ (design)_____ or (est.)_____

A.,B.,C. Gutters, Downspouts, Draintile

- (1) Condition_____
- (2) Cleanliness_____
- (3) Operational_____
- (4) Is drainage directed away from building?_____

D. Shingles

- (1) Refer to Item 8, under roofing.

E., F. Roof trusses, purlins, beams, joists, & ridgeboards

- (1) Adequate for snowload_____
- (2) Condition/Damage_____
- (3) Truss/Beam material, span & spacing_____
- (4) Purlin/Joist material, span, & spacing_____

G. Flashing

- (1) Condition/Existence_____
- (2) Evidence of leakage_____

H. Attic and ventilation

- (1) Flooring/runner plank condition_____
- (2) Hazards_____
- (3) Venting adequate _____
- (4) Evidence of moisture build-up_____

9.HARDWARE

- A. Windows - Refer to Item 4g. - Windows
- B. Doors - Refer to 4h. - Doors
- C. Bathroom - Refer to item 5e. - Cabinets/Closets
- D. Kitchen - Refer to Item 5e. - Cabinets/Closets

10.GLASS

A., B., C., D. (Refer to 4 G & 4 H)

11.PLUMBING/SEWER

A.WATER SERVICE - Within Building & to Meter (not distribution system)

(1) General: Service size_____in. Type of pipe_____ Age:_____yrs.,
Condition:_____

(2) Kitchen: Sink_____ Faucets_____ Drain_____
Shutoffs_____ Strainer/Plug_____

(3) Bathrooms: Sink_____ Faucets_____ Drain_____
Shutoffs_____ Strainer/Plug_____
Toilet_____ Seal_____ Shutoffs_____
Shower/Tub_____ Faucets_____ Head_____
Drain_____ Strainer/Plug_____
Other_____

(4) Laundry: Tub_____ Faucet_____ Drain_____
Strainer/Plug_____ Washer Connections_____
Other_____

(5) Water Heater: Capacity_____, Temp. Setting_____
Pressure/Temp. Relief Valve_____ Plumbed to Near Floor_____
Fuel_____ Fuel supply/plumbing_____

(6) Outside hydrants: Number_____, protected from freezing_____
Is location or installation hazardous_____
Appearance_____

B. SEWER - Within Building & to Cleanout (not collection/treatment system)

Type (Septic tank, sewer, other)_____
Pipe Material_____

- (1) Properly plumbed_____
- (2) Are all drains vented within 5 feet?_____
- (3) General Condition_____

C. PLUMBING COMMENTS: _____

12. TERMITE OR DECAY DAMAGE

(1) Refer to Items 1 a & c, 2 a & b.

13. FIREPLACE / WOOD HEAT STOVE

(1) Condition - Fire box _____ Flue (Liner) _____
Chimney _____ Hearth _____
(2) Type _____
(3) Cleanliness _____
(4) Efficiency to heat _____
(5) Damper _____
(6) Heatilator _____ Insert _____
(7) Glass doors _____
(8) Screen _____

14.ACCESSORIES - If Government owned (ie: refrigerator, cook stove, microwave)

Item _____
Make _____ Model _____
Year Purchased _____ Size _____
Present Condition _____

Item _____
Make _____ Model _____
Year Purchased _____ Size _____
Present Condition _____

Item _____
Make _____ Model _____
Year Purchased _____ Size _____
Present Condition _____

Item _____
Make _____ Model _____
Year Purchased _____ Size _____
Present Condition _____

Item _____
Make _____ Model _____
Year Purchased _____ Size _____
Present Condition _____

15.ELECTRIC

A. Wiring

- (1) Condition_____
- (2) Connection tight, outlets_____, switches_____
- (3) Outlets grounded_____, polarity_____

B. Service & Circuit Controls/Breakers

- (1) Type_____
- (2) Conditon/Age_____
- (3) GFCI's on bath, kitchen, work areas_____

C. Other

- (1) All boxes covered_____
- (2) Electrical condition survey conducted_____ Date_____

16.HEATING & AIR CONDITIONING

A. Primary Heating

- (1) Fuel type: ____Nat.gas ____LPG ____Oil ____Wood ____Coal ____Electric
- (2) Method: ____Individual Room/Area (type:_____)
____Radiators (____water ____steam) ____Central Forced Air
- (3) Unit capacity (BTU/hour) _____, _____, _____, _____, _____
- (4) Is heating adequate?_____
- (5) Year last maintained (needed annually)_____
- (6) Cleanliness: register, chimney flues, furnace room - hazards_____
- (7) Stack condition (pipe to chimney seal)_____
- (8) Filter - oil/air (condition)_____

B. Auxilliary Heating

- (1) Fuel type/method_____
- (2) Safety - insulation/vents/controls_____
- (3) Is heating adequate_____
- (5) Condition_____

C. Cooling

- (1) Type: ____Refrigeration ____Evaporative Cooler
- (2) Capacity or size_____ ____Central ____Single Room/Area
- (3) Is cooling adequate_____
- (4) Condition_____

17.SPACE HEATERS (Refer to 16 B)

18.WATER HEATERS (Refer to 11 A.5)

ADDITIONAL ITEMS

The following information may or may not pertain to the present structure that you are inspecting. Complete any pertinent items.

A. DRAINAGE

- (1) Is structure adequately drained? _____
- (2) What drainage structures exist? _____

- (3) What is needed? _____

B. SECURITY

- (1) Is building fenced? ____ No ____ Front ____ Back ____ Complete
- (2) Is fencing required? _____ Is fencing desired by occupant? _____
- (3) Are gates operable? _____ Lockable? _____
- (4) Outside lighting: ____ None ____ Some ____ Fully
- (5) Is lighting adequate? _____
- (6) Any past security problems? _____

- (7) Is private and Government property adequately protected? _____
- (8) Comments: _____

C. ACCESS AND PARKING

- (1) Pedestrian access surface _____, width _____ ft. grade _____ %
- (2) Is access adequate? _____
- (3) Is structure on main roads? _____ Should it be on main roads? _____
- (4) Parking for _____ vehicles; surface mat'l. _____, grade _____ %
- Is parking adequate? _____
- (5) Condition of roads/parking: _____

D. LANDSCAPING

- (1) Is building landscape plan available? _____. Has it been used? _____
- (2) Is structure landscaped? _____
- (3) Is landscaping adequate? _____
- (4) Is adequate water/hydrants available for landscaping? _____
- (5) Does building present an acceptable appearance? _____
- Suggestions _____

E. LIQUID FUEL SYSTEM

- (1) Fuel Type: ☐ L.P. Gas ☐ Natural Gas ☐ Fuel Oil ☐ Other: _____
- (2) Does Oil Tank meet U.M.C. Std. #5-1? _____
- (3) Does L.P.G. Tank meet N.F.P.A. #58? _____
- (4) Are supports adequate? _____
- (5) Condition/Use of Flex Connectors _____
- (6) Are Barriers needed/adequate? _____
- (7) Is Clearance adequate? _____
- (8) Do Pipe & fittings meet UPC 12XX? _____
- (9) Does Service cock meet UPC 12XX? _____

F. FIRE PROTECTION SYSTEM

- (1) Brief description _____

- (2) Smoke detectors installed per Code? _____ Operating? _____
- (3) Date of last sprinkler system (if any) inspection _____
- (4) Are exits and exit routes adequate & adequately identified? _____
- (5) Is there adequate clearance around the structure from fuels? _____
- (6) Is the structure fire resistant? _____ What could be done to improve fire resistance? _____

- (7) Nearest fire hydrant _____
- (8) Does location & spacing meets FSM requirements, ☐ Yes ☐ No.
Comment: _____
- (9) Adequate protection ☐ Yes, ☐ No
Condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor.
Comment _____

I. OTHER

- (1) Are the facilities adequate for their current use? _____
- (2) Is the facility effectively located in relationship to the overall site layout? _____

- (3) Do people living or working in this structure like it? _____
- (4) Occupant remarks concerning the maintenance condition of this building:

- (5) Other comments about this structure (incl. presence of hazardous materials or safety issues):

Use the reverse side of this sheet to sketch a measured drawing of the building, if there is not a set of plans on file. Be sure to show all windows, doors, fixtures, heating, and appliances.

Attach photos of the building showing all four exterior sides (taking photos at opposite corners allows showing 2 sides in one photo) and any distinctive interior features or areas needing maintenance.