VISITOR MAINTENANCE LOG

Property: _____

Date: / / 20

DONE	TASK DESCRIPTION	NOTES / STATUS
	Waste Management Bins emptied & liners replaced	
	Appliance Check Fridge, Oven, Microwave cleaned	
	HVAC & Lighting AC off, lights functional	
	Plumbing No leaks, toilets flushing correctly	
	Safety Equipment Smoke alarms & extinguishers OK	
	Outdoor Areas Furniture covered, BBQ cleaned	
	Security Windows locked, alarm set	

GENERAL OBSERVATIONS & REPAIRS NEEDED:

Write any issues found during your visit here...

Inspector Signature

Total Hours Spent