

DATE	
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Asset ID Number	
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GENERAL INFORMATION

Building/Facility		Completed By	
Department/Area		Reviewed By	

ASSET INFORMATION

Asset/System Name		Material/Finish Type	
Asset ID Number		Installation Date	
Asset Type		Estimated Age	
Building/Location		Warranty Expiration	
Area/Section Covered		Access Points	
Approx. Square Footage		Other	

PRIORITY LEVEL

High	Medium	Low
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DOCUMENTATION CHECKLIST

Original Drawings	Previous Repair Records
Specifications	Budget Reports
Warranty Documents	Agenda Reports
Previous Inspection Reports	Photos/Video

EXISTING CONDITION ASSESSMENT

Visual Condition	Drainage Issues
Signs of Damage	Accessibility Concerns
Leaks/Moisture	Safety Concerns
Cracks/Separation	Other

PREVENTIVE MAINTENANCE TASKS

Task	Frequency	Assigned To	Last Completed	Next Due
Conduct general visual inspection	Monthly			
Check for leaks, moisture, puddling	Monthly			
Remove debris and maintain cleanliness	Monthly			
Inspect for visible damage or deterioration	Quarterly			
Verify access to equipment or panels	Quarterly			
Review vendor inspection reports	Semi Annual			
Schedule annual vendor service	Annual			
Document operational concerns/recurring issues	Ongoing			

