Apartment Maintenance Checklist

Document Title: Apartment Maintenance Checklist
Date: [Insert Date]
Prepared by: [Insert Name]
Reviewed by: [Insert Name]

Section 1: General Information

- **Apartment Number/ID:** [Insert Apartment Number or ID]
- **Location:** [Insert Address]
- **Frequency:** [Monthly, Quarterly, Yearly]

Section 2: Checklist Items

Task/Item	Checkpoints	Status (✓ / ✗)	Remarks	Assigned to
Inspect plumbing system	Check for leaks, clogs, and water flow			
Test smoke detectors	Ensure functionality and replace batteries			
Inspect HVAC system	Check filters and operational efficiency			
Check lighting fixtures	Test for proper operation			

Section 3: Observations and Issues

[Same structure as above.]