### **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.]