



**P.B. BELL ASSET MANAGEMENT, INC.
MAINTENANCE TURNOVER CHECKLIST**

Apt.#: _____
Date Vacated: _____
New Move-In Date: _____

Please check off each item using the following:

R – Replaced F – Fixed V – Vendor C – Cleaned ✓ – Checked N/A – Not Applicable

AIR CONDITIONING		KITCHEN		INTERIOR DOORS		MISCELLANEOUS	
<input type="checkbox"/>	Grill	<input type="checkbox"/>	Faucet	<input type="checkbox"/>	Knobs	<input type="checkbox"/>	Outlet Covers/Working
<input type="checkbox"/>	Heating	<input type="checkbox"/>	Aerator	<input type="checkbox"/>	Stops	<input type="checkbox"/>	Garage Area / Door
<input type="checkbox"/>	Thermostat	<input type="checkbox"/>	H/C Indicators	<input type="checkbox"/>	Oil Hardware	<input type="checkbox"/>	Smoke Detectors
<input type="checkbox"/>	Filter	<input type="checkbox"/>	Seals / Caulking	<input type="checkbox"/>	Sticking	<input type="checkbox"/>	Fire Extinguishers
<input type="checkbox"/>	Vents	<input type="checkbox"/>	Leaks	<input type="checkbox"/>	Door Jams	<input type="checkbox"/>	Exterminating
<input type="checkbox"/>	Coils	<input type="checkbox"/>	Sink Stoppers	<input type="checkbox"/>	Latches / Locks	<input type="checkbox"/>	Paint
<input type="checkbox"/>	Compressor	<input type="checkbox"/>	Cabinets	<input type="checkbox"/>	Striker Plates	<input type="checkbox"/>	Roof Leaks
<input type="checkbox"/>	OVEN / RANGE	<input type="checkbox"/>	Knobs	<input type="checkbox"/>	EXTERIOR DOORS	<input type="checkbox"/>	Storage Area
<input type="checkbox"/>	Drip Pans	<input type="checkbox"/>	Drawers	<input type="checkbox"/>	Apartment Numbers	<input type="checkbox"/>	Ceiling Fans
<input type="checkbox"/>	Racks	<input type="checkbox"/>	Countertops	<input type="checkbox"/>	Weather Strip	<input type="checkbox"/>	Water Pressure
<input type="checkbox"/>	Knobs	<input type="checkbox"/>	Sink	<input type="checkbox"/>	Threshold	<input type="checkbox"/>	Washer / Dryer
<input type="checkbox"/>	Burners	<input type="checkbox"/>	Light	<input type="checkbox"/>	Stops	<input type="checkbox"/>	Clean Dryer Vent
<input type="checkbox"/>	Vent Fan / Filter	<input type="checkbox"/>	BATHROOM(S)	<input type="checkbox"/>	Door Jams	<input type="checkbox"/>	Hot Water Heater *
<input type="checkbox"/>	Hood / Oven Light	<input type="checkbox"/>	Towel Racks	<input type="checkbox"/>	Peep Hole	<i>* Don't exceed 125°</i>	
<input type="checkbox"/>	Oven Door / Handle	<input type="checkbox"/>	Shower Head	<input type="checkbox"/>	Oil Hardware		
<input type="checkbox"/>	Nicks / Scratches	<input type="checkbox"/>	Caulking	<input type="checkbox"/>	Sticking	WALLS / CEILINGS	
<input type="checkbox"/>	REFRIGERATOR	<input type="checkbox"/>	Sink / Tub Stoppers	<input type="checkbox"/>	Striker Plates	<input type="checkbox"/>	Patching
<input type="checkbox"/>	Crisper	<input type="checkbox"/>	H/C Indicators	<input type="checkbox"/>	Latches / Locks	<input type="checkbox"/>	Textures
<input type="checkbox"/>	Shelves	<input type="checkbox"/>	Faucets	<input type="checkbox"/>	Knobs	<input type="checkbox"/>	Nail Holes
<input type="checkbox"/>	Racks	<input type="checkbox"/>	Leaks	<input type="checkbox"/>	LOCKS	<input type="checkbox"/>	Remove Hooks
<input type="checkbox"/>	Light Bulb	<input type="checkbox"/>	Aerators	<input type="checkbox"/>	Keys	<input type="checkbox"/>	Water Damage
<input type="checkbox"/>	Freezer	<input type="checkbox"/>	Sink / Tub Chipped	<input type="checkbox"/>	Mailbox Lock / Key	CLOSETS	
<input type="checkbox"/>	Coils	<input type="checkbox"/>	Exhaust Fan / Motor	<input type="checkbox"/>	Mail Keys on Ring	<input type="checkbox"/>	Rods
<input type="checkbox"/>	Nicks / Scratches	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	Deadbolt Rekeyed	<input type="checkbox"/>	Shelves
<input type="checkbox"/>	Gaskets	<input type="checkbox"/>	Toilet Seat / Lid	<input type="checkbox"/>	WINDOWS	OTHER	
<input type="checkbox"/>	Level	<input type="checkbox"/>	T. P. Holder	<input type="checkbox"/>	Locks	<input type="checkbox"/>	Patio / Deck
<input type="checkbox"/>	Ice Maker	<input type="checkbox"/>	Mirror	<input type="checkbox"/>	Glass	<input type="checkbox"/>	Stairs
<input type="checkbox"/>	MICROWAVE	<input type="checkbox"/>	Medicine Cabinet	<input type="checkbox"/>	Screens	<input type="checkbox"/>	Railing
<input type="checkbox"/>	Door / Handle	<input type="checkbox"/>	Cabinets / Shelves	<input type="checkbox"/>	Blinds	<input type="checkbox"/>	Modem (Cox/CenturyLink)
<input type="checkbox"/>	Light	<input type="checkbox"/>	Light	<input type="checkbox"/>	Blind Slats	BED BUG INSPECTION	
<input type="checkbox"/>	Working	<input type="checkbox"/>	FLOORS	<input type="checkbox"/>	EXTERIOR LIGHTS		
<input type="checkbox"/>	DISHWASHER	<input type="checkbox"/>	Molding	<input type="checkbox"/>	Light Bulbs	<input type="checkbox"/>	Wall Voids
<input type="checkbox"/>	Utensil Basket	<input type="checkbox"/>	Cove Base	<input type="checkbox"/>	Globes	<input type="checkbox"/>	Baseboards/Moldings
<input type="checkbox"/>	Door / Latch	<input type="checkbox"/>	Vinyl	<input type="checkbox"/>	INTERIOR LIGHTS	<input type="checkbox"/>	Windows/Door Frames
<input type="checkbox"/>	Knobs	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	Switches Working	<input type="checkbox"/>	Electrical Outlets
<input type="checkbox"/>	Racks	<input type="checkbox"/>	Sub Floor	<input type="checkbox"/>	Light Fixtures	<input type="checkbox"/>	Light Switches
<input type="checkbox"/>	Drain	<input type="checkbox"/>	Tile	<input type="checkbox"/>	Switch Plates	<input type="checkbox"/>	Carpet Tack Strips
<input type="checkbox"/>	Working	<input type="checkbox"/>	Grout	<input type="checkbox"/>	Light Bulbs		

LOCKS:	From Apt # _____	Rekeyed _____	New lock _____
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NOTES:

Time In:	Time In:	Time In:	Time In:	Total Time
Time Out:	Time Out:	Time Out:	Time Out:	

Community Service Technician: _____ Date: _____

Community Manager: _____

Date: _____