

PROCEDURE

Series: Property Management **COA: ASE 4**

CFOP: NA

Procedure Name: Maintenance Checks

Procedure Number: PM-716

Reviewed Date: 2/20/13, 04/28/16, 10/21/2020

Revision #/Date: 1/18/17

Effective Date: 10/01/08

Applicable to: Center/Facility Managers or Designee

SUBJECT: Maintenance Checks

PURPOSE: To ensure that all facilities provide a safe environment for all staff and visitors and stay in compliance with the agencies, state, and federal requirements.

PROCEDURE:

- Care Center Program Directors/facility managers or their designee will conduct monthly and quarterly maintenance checks of their facilities to address the areas listed on the checklist (attached).
- Monthly Checks: The Care Center Program Directors/ facility managers or their designees will inspect their facility by the 7th of each month to make sure everything is in order.
- Quarterly Checks: Once each quarter by the 7th of the following month the items from the quarterly section of the checklist will be inspected in addition to the monthly items checked.
- It is the Care Center Program Director/facility manager or designee's responsibility to ensure that any action needed has been completed.
- The signed and approved Facility Checklist is scanned and saved to the appropriate location on the shared drive by the 7th of each month.

BY DIRECTION OF THE CHIEF EXECUTIVE OFFICER:



PHILIP J. SCARPELLI
Chief Executive Officer
Brevard Family Partnership Family of Agencies

APPROVAL DATE: 11/2/2020

Facility Checklist

Monthly Check Quarterly Check **Date Performed:** _____
 Eau Gallie CCC SCC

Facility checks must be completed and scanned to the Facility Share Drive by the 7th of each month.

Monthly: The following items will be checked by the Center/Facility Manager or designee on a monthly basis to ensure all items meet BFP standards. Check **Y** for items that pass inspection; Check **N** for items that do not pass inspection and mark the action needed for the item below. (Check **NA** for items that are not needed or do not pertain to the location being inspected.)

ITEM	Y	N	NA
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguishers – charged and in place. *Due to be Recharged: _____ (mo/yr).			
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire evacuation plans are posted and up to date.			
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Alarm batteries have been changed (April & October ONLY)			
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency exits and hallways are clear of obstructions.			
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid kit – is complete and no items are expired or otherwise unusable.			
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All lights are functional.			
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All cipher locked doors are shut.			
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All doors closed, none propped open.			
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flooring – in generally good condition w/no large stains; no broken tiles or loose carpeting.			
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling tiles are in good condition/no leakage			
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitation rooms have electrical outlet plug covers.			
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitation rooms have age appropriate toys.			
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toys are clean and in good condition (none are broken).			
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave(s) is/are clean and in working order.			
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee maker(s) is/are clean and in working order.			
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator(s) is/are clean and in working order.			
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keys – no lost keys, keys have been returned from any changes in employees.			
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sonitrol codes have been updated to reflect any changes in employees.			
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sonitrol Access monthly report was reviewed. Any issues noted have been discussed with the appropriate person. (A Copy of the report will be forward by the Finance Director designee).			
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitor sign in logs have been pulled for the previous month, scanned, and saved appropriately.			
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee sign in logs have been pulled for the previous month, scanned and saved appropriately.			
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MSDS sheets- available, reviewed & current.			
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandatory HR posters are in view.			
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIPAA, FL Relay, Client Rights, & Whistleblower notices are posted in reception areas.			
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Placing Agency Licenses is posted. Expiration date _____.			

Facility Checklist

26	Business Tax receipt is posted. Expiration date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Florida Department of Agriculture & Consumer Services letter posted. Renewal date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Forward a listing of SCSEP (AARP) Staff and hours worked to Eau Gallie Office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Quarterly: Due in February, May, August, November unless otherwise specified. Quarterly checks will include all monthly items, plus quarterly items below.

ITEM		Y	N	NA
1	Cipher lock codes have been changed. (Code must be changed at least 1x per quarter).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Office Supplies checked against MSDS sheets to make sure sheets are current.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Paging system has been tested and is functional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Front desk panic button/lighting has been tested and is functional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Emergency lighting is functional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Weather radios are functional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Flash lights are functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Trash bags for hurricane prep are available (and there are enough for location).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Fire Drill conducted - attach form. Drills are required 2x per year. * Date of previous fire drill: _____ (mo/yr).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Observations/Actions Needed: (attach another page if needed)

Signature of Person Performing Facility Check

Date

Center/Facility Manager

Date