

# Home Maintenance Schedule

## How To Complete This Form:

The following chart lists checks that should be performed on a regular basis to keep your home in good repair and safe condition. The columns to the left indicate when and how often these tasks should be performed. Beside the 'x' in the appropriate box, indicate the date each task was last performed. Keeping this schedule current and routinely completing these tasks could save you time and money in the future, and prevent loss and damage to your home.



Item to be Checked	Quarterly	Spring	Fall	Annually
<b>Roof</b>				
Check for leaks		X	X	
Check for damaged, loose or missing shingles		X	X	
Check vents, louvers and chimneys for birds nests, squirrels, insects		X	X	
Check flashing around roofs stacks, vents, skylights, chimneys for leaks		X	X	
Check chimneys for deteriorating bricks and mortar		X	X	
Trim tree limbs away from roof		X	X	
<b>Gutters and Downspouts</b>				
Check for leaking, misaligned or damaged gutters and downspouts		X	X	
Remove debris from gutters and downspouts	X			
<b>Exterior Walls</b>				
Check brick walls for deteriorating bricks and mortar		X	X	
Check siding for damage, warping, or rot	X			
Check painted surfaces for flaking or damage		X	X	
Trim shrubbery around walls	X			
<b>Doors and Windows</b>				
Check caulking and weather stripping around doors and windows			X	
Check glazing putty around window panes			X	
Check window and door screens; patch or replace as needed	X			
<b>Lawn and Garden</b>				
Remove tree limbs, branches, or debris that can attract insects		X	X	
Maintain grading sloped away from foundation walls				X
<b>Driveways, Walkways, Patios</b>				
Check for cracks or deterioration. Reseal or repair if necessary		X	X	
Clean and store patio furniture			X	
<b>Smoke Detector/Carbon Monoxide Detector</b>				
Check Operation		X	X	
Change Batteries				X
<b>Heating and Cooling</b>				
Remove debris from around units. Clean with garden hose		X	X	
Remove window air conditioner or protect with weatherproof cover			X	
Replace or clean air conditioner and furnace filters				X
Service heating system and heat pump				X
Clean and service humidifier				X
Check for signs of leakage from water heater. Drain to remove any sediment				X



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Item to be Checked	Quarterly	Spring	Fall	Annually
<b>Faucets</b>				
Check interior and exterior faucets for leaks; replace washers if necessary	x			
Drain outside faucets			x	
<b>Attic</b>				
Check for leaks	x			
Check insulation. Replace or add as necessary			x	
Check for signs of birds, squirrels, racoons, etc. Remove	x			
Check for proper ventilation			x	
<b>Basement</b>				
Check for dampness and leakage after wet weather	x			
Check for insects		x	x	
<b>Baths</b>				
Check for evidence of leaks around toilet, under sinks	x			
Check grout on ceramic tile	x			
<b>Kitchen</b>				
Check for leaks under sink, around dishwasher	x			
Clean refrigerator coils at the rear of the unit		x	x	
<b>Electrical</b>				
Check all wiring and plugs for wear or damage. Replace if required	x			
Keep emergency flashlights on each floor, test & change batteries				x

### Safety Tips

- Know location of main water shut off valve (Mark & Tag it for quick identification for yourself and home sitters)
- Know location of main electrical disconnect or breaker (Mark & Tag it for quick identification for yourself and home sitters)
- Know location of main shut off switch for heating system (Mark & Tag for quick identification for yourself and home sitters)
- Mark and label each circuit in the electrical panel box
- Call licensed electrician if fuse blows frequently or circuit breaker trips frequently
- Call licensed gas fitter if odour of gas is detected or if Carbon Monoxide detector measures high levels
- Install sump pumps if sewer back ups are common occurrences



Leaving your home unoccupied for more than 3 days **may have an affect on an insurance claim**. Over 30 days can classify your home to be abandoned. You should have a friend or neighbour visit your unoccupied home every other day to inspect for loss of heat or other dangers. A walk around through your home should be noted, dated and kept with the house sitter in case of a claim.

Inspected by:	Date:	Heat	Plumbing	Electrical	All Floors

### In case of emergency call:

Plumber: Name \_\_\_\_\_ Phone: \_\_\_\_\_ Dated Phoned: \_\_\_\_\_  
 Electrician: Name \_\_\_\_\_ Phone: \_\_\_\_\_ Dated Phoned: \_\_\_\_\_  
 Heating/Air: Name \_\_\_\_\_ Phone: \_\_\_\_\_ Dated Phoned: \_\_\_\_\_  
 Relative: Name \_\_\_\_\_ Phone: \_\_\_\_\_ Dated Phoned: \_\_\_\_\_  
 Insurance: Name \_\_\_\_\_ Phone: \_\_\_\_\_ Dated Phoned: \_\_\_\_\_