MAINTENANCE SCHEDULE

Facility Name:	
Location:	
Contact Person:	
Phone Number:	
Email Address:	
Phone Number:	
Email Address:	

MAINTENANCE TASKS

Task	Frequency	Responsible Person	Date Completed	Comments
Check and refill first aid kits	Monthly	e.g. lead 1st aider		
Inspect and maintain outdoor play equipment	Quarterly	e.g. caretaker		
Test fire alarms and emergency lighting	Monthly			
Service HVAC systems	Biannually			
Inspect and clean gym equipment	Weekly			
Check and maintain plumbing systems	Quarterly			
Inspect and repair electrical systems	Annually			
Clean and sanitize restrooms	Daily			
Inspect and maintain security systems	Monthly			
Check and replenish cleaning supplies	Weekly			
Inspect and repair roofing	Annually			
Maintain landscaping and grounds	Weekly			
Inspect and maintain kitchen equipment	Monthly			
Check and maintain lighting fixtures	Quarterly			
Inspect and repair windows and doors	Annually			
Test and maintain water fountains	Monthly			
Inspect and maintain playground surfaces	Quarterly			
Check and maintain classroom furniture	Monthly			

WEEKLY MAINTENANCE TASKS

Task	Day	Responsible Person	Date Completed	Comments
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			
	Sunday			

MONTHLY MAINTENANCE TASKS

Task	Week	Responsible Person	Date Completed	Comments
	Week 1			
	Week 2			
	Week 3			
	Week 4			

QUARTERLY MAINTENANCE TASKS

Task	Quarter	Responsible Person	Date Completed	Comments
	Q1			
	Q2			
	Q3			
	Q4			

ANNUAL MAINTENANCE TASKS

Task	Month	Responsible Person	Date Completed	Comments
	January			
	February			
	March			
	April			
	May			
	June			
	July			
	August			
	September			
	October			
	November			
	December			

EMERGENCY MAINTENANCE TASKS

Task	Date	Responsible Person	Date Completed	Comments