



2510 Sparrow Drive, Nisku, AB T9E 8N5 | Phone: 780.955.3639 Fax: 780.955.3615

# COVID-19 MONTHLY INSPECTIONS CHECKLIST: SEASONAL PROPERTIES

NAME OF BUILDING OWNER: \_\_\_\_\_

LOCATION OF BUILDING: \_\_\_\_\_

UNOCCUPIED PERIOD:  Winter  Summer

EXTERIOR	WINTER	OCT	NOV	DEC	JAN	FEB	MAR
	SUMMER	APR	MAY	JUN	JUL	AUG	SEP
1. ARE THERE SIGNS OF ACTIVITY BY OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ARE THERE ANY SIGNS OF FORCIBLE ENTRY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. IS SNOW ACCUMULATED ON THE ROOF?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERIOR	WINTER	OCT	NOV	DEC	JAN	FEB	MAR
	SUMMER	APR	MAY	JUN	JUL	AUG	SEP
1. FURNACE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A) IS THE FURNACE OPERATING PROPERLY?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) HAS THE FURNACE FILTERED BEEN CHANGED?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ARE THERE ANY SIGNS OF INTRUSION BY OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. LEAKS							
A) ARE THERE ANY SIGNS OF WATER LEAKS FROM PIPING?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) ARE THERE ANY SIGNS OF LEAKS FROM APPLIANCES?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. HOT WATER TANK							
A) ARE THERE ANY SIGNS OF WATER LEAKS?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) IS THE TEMPERATURE APPROPRIATE?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. BEFORE DEPARTURE: IS THE WATER TURNED OFF?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATE OF INSPECTION:						
INSPECTION CONDUCTED BY (INITIALS):						