

Quality Living Housing Co-operative Maintenance Survey

To All Members:

We are creating a list of the deficiencies of key aspects of the units in the Co-op. Please fill in this survey and return it completed to the Community Centre mailbox (3A Europa.)

Unit #: _____ Phone #: _____

Name(s) of members: _____

Kitchen

Please note what the type and condition your appliances are in.

	Brand	Was it serviced in 2007 ?	Is it functioning well ?
Fridge			
Stove			

Please note other issues such as cabinet/counter disrepair, plumbing issues etc.

Bathrooms

Please note any issues such as **mold, leaks/water damage**, plumbing issues and venting fan problems etc.

Basement

Please note any issues such as **mold**/odors, dampness/water infiltration, sewer backups, electrical and furnace problems etc.

Other Issues

Please note any other issues such as non-functioning outlets/switches/lights, badly worn carpets/flooring, structural damage to ceilings/walls/doors or outside steps, water damage/leaks, pests etc.

Windows

Please describe any issues with the windows in your unit

	Frame	Glass	Screen	Handle	Lock(s)
Entrance Window			Not Applicable		
Kitchen Window					
Patio Door					
Living Room Window					

Note: bedroom numbers start with the first bedroom to the left of the stairs and go clockwise.

Bedroom 1 Window					
Bedroom 2 Window					
Bedroom 3 Window					
Bedroom 4 Window					