

Oishi's Property Management  
HANDYMAN CHECKLIST

PPTY CODE \_\_\_\_\_

W/O# \_\_\_\_\_

(Must be attached to invoice)

PM \_\_\_\_\_

PROPERTY \_\_\_\_\_ UNIT \_\_\_\_\_ M/O \_\_\_\_\_

COMPANY \_\_\_\_\_ SERVICE PERSON \_\_\_\_\_ DATE \_\_\_\_\_

**LIVING/DINING/DEN**

	<b>GOOD</b>	<b>NEEDS ATTN</b>	<b>T/O circle one</b>	<b><u>Work Done, Location</u></b>
1 Door/Stop/Bell/Lock/Knob	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____
2 Closet Dr/Rod/Shelf/Cfan	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____
3 Elec Fix/Plate/Light/Cable/Tel/Outlet	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____
4 Sliding Glass Dr/Sliding Screen Dr	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____
5 Window/Jal/Screen/Clip/Crank/Frame	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____

**KITCHEN:**

	<b>GOOD</b>	<b>NEEDS ATTN</b>	<b>T/O circle one</b>	<b><u>Work Done, Location</u></b>
6 Door/Stop/Lock/Knob	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____
7 Cabinet Door/Drawer/Shelf/Caulk/Knob	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____
8 Elec Fix/Plate/Light/Cable/ Tel/Outlet	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____
9 Window/Jal/Screen/Clip/Crank/Frame	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____

**HALL**

	<b>GOOD</b>	<b>NEEDS ATTN</b>	<b>T/O circle one</b>	<b><u>Work Done, Location</u></b>
10 Smoke Detector	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____
11 Elec Fix/Plate/Light/Outlet	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____
12 Closet Dr/Rod/Shelf	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____
13 Window/Jal/Screen/Clip/Crank/Frame	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____

**BATHROOM(S)**

	<b>GOOD</b>	<b>NEEDS ATTN</b>	<b>T/O circle one</b>	<b><u>Work Done, Location</u></b>
14 Door/Stop/Lock/Knob	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____
15 Elec Fix/Plate/Light/Outlet/Vent	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____
16 Closet Dr/Rod/Shelf/Cabinet	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____
17 Towel bar/ShowerRod/Shower Dr/Grout	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____
18 Toilet Seat/Toilet Paper Holder	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____
19 Window/Jal/Screen/Clip/Crank/Frame	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____

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**BEDROOM(S)**

	<u>GOOD</u>	<u>NEEDS</u> <u>ATTN</u>	<u>T/O</u> <u>circle one</u>	<u>Work Done, Location</u>
20 Door/Stop/Lock/Knob	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____
21 Closet Dr/Rod/Shelf/Cfan	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____
22 Elec Fix/Plate/Light/Cable/Tel/Outlet	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____
23 Window/Jal/Screen/Clip/Crank/Frame	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____

**EXTERIOR**

	<u>GOOD</u>	<u>NEEDS</u> <u>ATTN</u>	<u>T/O</u> <u>circle one</u>	<u>Work Done, Location</u>
24 Lanai/Railing/Stairs/Landing/Walkway	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____
25 Fencing/Wall/Garage/ Siding/Paint	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____
26 Mailbox/Add/#/Roof/Gutter	<input type="checkbox"/>	<input type="checkbox"/>	T / O	_____

**Additional Comments:**

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