



water damage repair and rectification

property address: _____

property owner: _____

tenant/s: _____

portfolio manager: _____

date water damage/maintenance reported: _____ time: _____

reported by: _____

action date: _____ time: _____ completion date: _____

		Date	Initials	
PM	Record on TaskTracker™	_____	<input type="checkbox"/>	
PM	Log details of water repair and damage to computer	_____	<input type="checkbox"/>	
PM	Log action and follow-up tasks with timelines for completion	_____	<input type="checkbox"/>	
PM	Note if water damage reported by: tenant <input type="checkbox"/> third party <input type="checkbox"/>	_____	<input type="checkbox"/>	
PM	Is Critical Incident Report Form required: yes <input type="checkbox"/> no <input type="checkbox"/>	_____	<input type="checkbox"/>	
PM	if yes, confirm Critical Incident Report has been emailed	_____	<input type="checkbox"/>	
PM	If reported by third party: Log name to computer	_____	<input type="checkbox"/>	
PM	Is the third party the:			
	Strata Manager <input type="checkbox"/> Insurance Company <input type="checkbox"/> Property Owner <input type="checkbox"/> Neighbor <input type="checkbox"/>	_____	<input type="checkbox"/>	
	• Company name if applicable: _____			
	• Name of contact: _____			
	• Phone: _____			
	• Cell/mobile: _____			
	• Email: _____			
	• Skype: _____			
PM	Advise property owner	_____	<input type="checkbox"/>	
PM	Advise tenant if reported by another party	_____	<input type="checkbox"/>	
PM	Advise insurance company	_____	<input type="checkbox"/>	
	• Company name if applicable: _____			
	• Name of contact: _____			
	• Phone: _____			
	• Cell/mobile: _____			
	• Email: _____			
	• Skype: _____			
	• Date advised: _____			
PM	Strata Manager's details if different from above	_____	<input type="checkbox"/>	
	• Company name if applicable: _____			
	• Name of contact: _____			
	• Phone: _____			
	• Cell/mobile: _____			
	• Email: _____			
	• Skype: _____			
	• Date advised: _____			
PM	Arrange quotes 3 quotations for repair	_____	<input type="checkbox"/>	
	Quote 1:			
	• Company: _____			
	• Contact person: _____			
	• Phone: _____			
	• Date: _____			
	Quote 2:			
	• Company: _____			
	• Contact person: _____			
	• Phone: _____			
	• Date: _____			



Quote 3:

- Company: _____
- Contact person: _____
- Phone: _____
- Date: _____

ONCE QUOTES HAVE BEEN RECEIVED:

- PM** Quotation forward to relevant party
Strata Manager Insurance Company Property Owner Neighbor _____
- PM** Date quotation sent: _____

No work is to proceed until written authority has been received from the property owner. Arrangement for payment must also be made in writing.

- PM** Quotation approved and instructions received _____
- Date instructions received: _____
 - Name of person authorizing: _____
 - Contractor approved: _____
 - Amount authorized: _____
- PM** Supplier/maintenance provider advised of repair authorization and arrange work to be commenced. Date: _____

ON COMPLETION:

- PM** Invoice received. Date received: _____
- PM** Relevant contact advised so inspection can be carried out prior to payment
Strata Manager Insurance Company Property Owner Neighbor _____
- PM** Insurance claim processed if applicable _____
- PM** Forward email to property owner confirming completion of repair _____
- PM** Forward email to tenant confirming completion of repair _____

TrackMate™ verified for completion: _____ Date: _____

NB: If any item is not applicable write next to item N/A