

monthly operational audit

company: _____ month: _____ date: _____ (by 3rd month)
 audit conducted by: _____
 inspection cycle week: _____

	Date	Initials
CM New management audit completed	_____	<input type="checkbox"/>
CM Tenant application audit completed	_____	<input type="checkbox"/>
CM Marketing audit completed	_____	<input type="checkbox"/>
CM Website audit completed	_____	<input type="checkbox"/>
CM Rental Property Listings audit completed	_____	<input type="checkbox"/>
CM Vacate audit completed	_____	<input type="checkbox"/>
CM Key audit completed	_____	<input type="checkbox"/>
CM Task audit completed	_____	<input type="checkbox"/>
CM Maintenance audit completed (Wednesday)	_____	<input type="checkbox"/>
CM Tenancy renewal audit completed	_____	<input type="checkbox"/>
CM Property inspection (assessment/entry/exit) audit completed (NB: If start of new 17-week inspection period incorporate quarterly audit)	_____	<input type="checkbox"/>
CM Supplier and Maintenance Provider audit completed	_____	<input type="checkbox"/>
CM Arrears audit completed	_____	<input type="checkbox"/>
CM CARE™ Calls audit completed	_____	<input type="checkbox"/>
CM ARC™ calls audit completed	_____	<input type="checkbox"/>
CM Court lodgements, hearing audit completed	_____	<input type="checkbox"/>
CM TrackMate™ audit completed	_____	<input type="checkbox"/>
CM TaskTracker™ audit completed	_____	<input type="checkbox"/>
CM Portfolio and managements audit completed	_____	<input type="checkbox"/>
CM Complaints register checked for completion and resolution or follow-up	_____	<input type="checkbox"/>
CM Monthly compliance audit completed	_____	<input type="checkbox"/>
CM KAPOWS™ individual results calculated and updated	_____	<input type="checkbox"/>
FC Bond /Security Deposit trust account transfer audit completed	_____	<input type="checkbox"/>
FC Insurance renewal and license renewal audit completed	_____	<input type="checkbox"/>
FC Digital Solar power invoices invoice and payment audit completed	_____	<input type="checkbox"/>
FC Issued invoice audit completed	_____	<input type="checkbox"/>
FC Outstanding invoice audit completed	_____	<input type="checkbox"/>
FC PortfolioTracker™ updated	_____	<input type="checkbox"/>

NOTES: _____

obligatory action items and follow-up

action required	team member	complete date

TrackMate™ verified for completion: _____ Date: _____

Scanned and emailed to Principal/Licensee: Date: _____