

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