

Lease Number: _____

Agency Name: UAMS-_____

Lessor Name: _____

Lease Address: _____

TENANTABLE CONDITION OF PROPERTY CHECKLIST

Lessor and Lessee are to review the items listed for tenantable condition. DBA is requesting this review to be conducted on a yearly basis to maintain lease premises in tenantable condition. Please address all items listed on this form and if not applicable, note accordingly. Please refer to Tenantable Condition Guidelines Part II for a description/explanation of each item listed.

| BUILDING EXTERIOR | GOOD | POOR | DESCRIPTION OF NEEDED IMPROVEMENT |
|-------------------------|------|------|-----------------------------------|
| ~ ADA Signage/Parking | | | _____ |
| ~ Parking Lot/Sidewalks | | | _____ |
| ~ ADA Striping | | | _____ |
| ~ Parking Lot Striping | | | _____ |
| ~ Walls | | | _____ |
| ~ Windows/Caulking | | | _____ |
| ~ Door/Door Frames | | | _____ |
| ~ Weather-stripping | | | _____ |
| ~ Automatic Doors | | | _____ |
| ~ Hardware – All | | | _____ |
| ~ Security Lights | | | _____ |
| ~ Dumpster Area | | | _____ |

| BUILDING INTERIOR | GOOD | POOR | DESCRIPTION OF NEEDED IMPROVEMENT |
|-------------------------------|-------------|-------------|--|
| ~ Tenant ID/Signage | | | <hr/> |
| ~ Paint | | | <hr/> |
| ~ Sheetrock | | | <hr/> |
| ~ Wall covering | | | <hr/> |
| ~ Chair Rail | | | <hr/> |
| ~ Counters | | | <hr/> |
| ~ Flooring | | | <hr/> |
| ~ Cove Base | | | <hr/> |
| ~ Ceiling Tiles | | | <hr/> |
| ~ Windows | | | <hr/> |
| ~ Min Blinds | | | <hr/> |
| ~ Window Coverings | | | <hr/> |
| ~ Electric Outlets | | | <hr/> |
| ~ Switch/Receptacle Covers | | | <hr/> |
| ~ Light Tubes & Bulbs | | | <hr/> |
| ~ Light Covers | | | <hr/> |
| ~ Door/Frames/Closures | | | <hr/> |
| ~ Hardware – All | | | <hr/> |
| ~ Appliances | | | <hr/> |
| ~ HVAC | | | <hr/> |
| ~ HVAC Filters & Grills | | | <hr/> |
| ~ Pest Control | | | <hr/> |

| COMMON AREAS | GOOD | POOR | DESCRIPTION OF NEEDED IMPROVEMENT |
|---------------------|-------------|-------------|--|
| ~ Restroom Stalls | | | _____ |
| ~ Grab Bars | | | _____ |
| ~ Toilets/Urinals | | | _____ |
| ~ Plumbing/Fixtures | | | _____ |

| BLDG'S COMMON AREAS | GOOD | POOR | DESCRIPTION OF NEEDED IMPROVEMENT |
|----------------------------------|-------------|-------------|--|
| ~ Mirrors | | | _____ |
| ~ Hand Dryers/Dispensers | | | _____ |
| ~ Soap Dispenser | | | _____ |
| ~ Feminine Hygiene Disposal Unit | | | _____ |
| ~ Drinking Fountains | | | _____ |
| ~ Exit Lights | | | _____ |
| ~ Stairwells | | | _____ |
| ~ Hallways | | | _____ |
| ~ Elevators | | | _____ |
| ~ Smoke Detectors | | | _____ |
| ~ Smoke Alarms | | | _____ |
| ~ Sprinkler Systems | | | _____ |
| ~ Fire Exit Panic Bars | | | _____ |
| ~ Fire Extinguishers | | | _____ |

Available for Use: _____
Date on Tag: _____

INSPECTION DATE: _____

CONDUCTED BY: _____

TITLE: _____

PHONE #: _____

Is the owner of the property aware of the items noted on this list?

Yes

No