



# City of Gainesville

## Office of the City Auditor



**Public**

**2026 Facilities Management Administration**



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Casey Willits, Mayor Pro Tem  
Vacant (Appointed non-City Commission Member)



# City of Gainesville

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## Office of the City Auditor

Transmittal of Audit Findings for Facilities Management Administration Audit

March 24, 2026

Dear Audit Committee Members,

We are pleased to transmit the results of the 2026 Facilities Management Administration audit. The audit assessed the effectiveness of internal control related to Facilities Management Administration through inquiry, observation, and substantive testing. The scope of our audit included governance, preventative and unscheduled maintenance, safety inspections, custodial services, and information technology controls, and we identified opportunities for improvement in six areas as follows:

- 1) *Key Performance Indicators*: The Facilities Management Division developed and reports on key performance indicators (KPIs). However, there are no documented procedures to guide staff on which metrics to use to indicate key performance or how to generate reports to analyze performance. Additionally, management does not track some of the recommended KPIs outlined in best practices.
- 2) *Work Orders*: The Facilities Management Division has established procedures for both their Preventative Maintenance Program and for handling Requests for Maintenance and Emergency Repairs. However, the Preventative Maintenance procedure does not include provisions for setting work order schedules based on staff experience or deviations from manufacturer guidelines and does not guide staff on timelines for completing work orders or reviewing schedules. The procedure for Requests for Maintenance and Emergency Repairs does not specify when or how staff should document actions taken or labor hours, and its review processes can be bypassed.
- 3) *Custodial Building Inspections*: The preventive maintenance schedule for custodial inspection reminders is not documented in the facilities management system. As a result, custodial inspection work orders are not reviewed in accordance with procedures. Additionally, there are inconsistencies in custodial inspection checklists, and the buildings listed for inspection did not match those in departmental procedures.
- 4) *Component Replacement*: The Facilities Management Division has a documented procedure for component replacement. However, this procedure does not provide staff with the necessary guidance for documenting information on component life expectancies and replacement priorities. Some components, their life expectancies, and priorities were identified in the facilities management system. Additionally, components were not always replaced in a timely manner, and data were insufficient to assess timeliness.
- 5) *Safety Inspections*: There are documented procedures for safety inspections. However, procedures do not provide sufficient detail to determine the types and amounts of equipment or the timelines for safety inspections. Additionally, they do not provide staff with the necessary guidance on how to adequately maintain safety inspection records, document deficiencies, or track the completion of corrective action.
- 6) *User Access*: Due to the confidential nature of this issue, it is excluded from this public report, pursuant to Florida Statute 119.0725(2).



Our recommendations for corrective action and management action plans are detailed in this report. We would like to take this opportunity to thank the Interim City Manager, management, and personnel of the Public Works Department for their cooperation and professionalism during this audit.

Thank you.

Sincerely,

Stephen Mhere, PhD, CIA, CISA, City Auditor

## **INTERNAL AUDIT TEAM**

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Diana Ferguson-Satterthwaite, FCCA, CIA, CFE, Assistant City Auditor & lead auditor for this engagement

Lisa Siedzik, CISA, IT Audit Manager

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## BACKGROUND

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The Facilities Division of the City’s Public Works Department is responsible for overseeing the operation, maintenance, and improvement of over 100 city buildings and facilities. The division manages facility planning and preventive maintenance, coordinates repairs and upgrades, conducts safety inspections, and oversees custodial services and access control. Each fiscal year, to ensure regulatory compliance, the Facilities Division maintains electrical, Heating, Ventilation, and Air Conditioning (HVAC) and structural systems, and cleans 710,000 square feet of City spaces.

The support services provided by the facilities division are critical to ensure effective city operations and quality public service delivery, and to protect the public health, welfare, and safety of the City’s neighbors and community builders.

The facilities manager oversees maintenance and repair services and is supported by twenty staff members and external contractors. The division uses a facilities management system to track equipment, plan maintenance, and manage work orders.

The work done by the facilities division supports the following goals:

- “Best in Class” Neighbor Services - Inspections help ensure existing public infrastructure is not damaged or improperly altered, and verify that work adheres to code or other regulations.
- More Sustainable Community - Effective and efficient preventative maintenance programs, as well as educational efforts, can reduce time and effort associated with unexpected maintenance, lower the cost of repairs, reduce downtime for equipment, and extend the service life of infrastructure.

The Facilities Division assesses its success using key performance indicators. These include the number of service requests and response times for building maintenance, including but not limited to custodian cleanings, HVAC, fire alarm/sprinkler, plumbing, electrical and elevator repairs, and painting and carpentry requests. The number of preventive maintenance tasks performed is also tracked.

## AUDIT OBJECTIVES

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The objective of the audit was to determine whether internal controls in place provide reasonable assurance that City-owned facilities are safe, compliant with regulations, and are managed efficiently.

## AUDIT SCOPE AND METHODOLOGY

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The scope of the audit included assessing the design and operating effectiveness of the processes and controls related to Facilities Management Administration, focusing on activities from October 1, 2023, to September 30, 2025. We performed the audit fieldwork through inquiry, observation, and substantive testing, focusing on governance, preventative and unscheduled maintenance, safety inspections, custodial services, and information technology controls. The audit did not include recruiting and hiring activities relating to physical access; physical access is scheduled for review as part of the Badge Access audit.

## AUDITING STANDARDS

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We conducted this audit engagement in accordance with *Generally Accepted Government Auditing Standards* and the *International Standards for the Professional Practice of Internal Auditing*. Those standards require that we plan and perform the engagement to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our observations and conclusions based on our audit objectives.



## AUDIT CONCLUSIONS

Based on the work performed, as shown in Table 1 below and explained in the Audit Issues and Management Action Plans section of this report, we conclude that management designed and implemented internal controls to efficiently manage City-owned facilities. These have been designed to comply with regulations and reduce safety risk. However, control should be strengthened to ensure:

- a) Key performance indicators are documented, reviewed, and reported.
- b) Preventative and reactive maintenance and custodial services documentation is complete, and service is delivered timely.
- c) Information related to component life expectancies and replacement priorities is documented.
- d) The number and type of safety equipment per location are documented, as well as the timelines for safety inspections and corrective action.
- e) Users are granted access to the facility management system based on the principle of least privilege.

## RATING OF RISKS ASSOCIATED WITH AUDIT ISSUES

We identified six audit issues and assigned each a risk rating, as shown below.

**Table 1:** Audit Issue Risk Rating

RISK RATING	RISK RATING DESCRIPTION	Issue # 1	Issue # 2	Issue # 3	Issue # 4	Issue # 5	Issue # 6
<b>High</b>	<i>Key controls do not exist or are not effective, resulting in an impaired control environment. High Risk control weaknesses require immediate corrective action detailed in the management action plan.</i>		✓				
<b>Moderate</b>	<i>Adequate control environment exists for most processes. Moderate risk control weaknesses require corrective action detailed in the management action plan.</i>	✓		✓	✓	✓	✓
<b>Low (non-reportable)</b>	<i>Satisfactory overall control environment with a small number of low-risk control improvement opportunities that do not require corrective action or a management action plan.</i>						

## NOTEWORTHY ACCOMPLISHMENTS

As a result of the audit, we identified the following internal controls within the scope of our review that were established and are working as designed. We express kudos to management for selecting vendors for Facilities Management-related services in accordance with City procedures. Documentation for seventeen contractors was reviewed as part of the audit; all 17 contractors were appropriately selected in accordance with City procedures.



### Issue 1. - Key Performance Indicators

**Risk rating:** Moderate

**Observation:** The Facilities Management Division developed and reports on Key Performance Indicators (KPIs). However, there are no documented procedures to guide staff on which metrics to use to indicate key performance or how to generate reports to analyze performance. There is also no guidance provided for reviewing reports for accuracy or for updating data that may have changed throughout the fiscal year. Some KPI metrics do not align with the supporting data used to create them. Eleven of 36 requested work order data documented by management for FY25 were inconsistent with FacilityDude records, and 28 of 80 work order amounts documented by management did not match the amounts transferred to the form provided to upper management for FY25.

Additionally, management does not track some of the relevant KPIs recommended by best practices, including reactive vs. preventative maintenance, occupant satisfaction, work order response time, and work orders per technician.

**Criteria:** Per section 12 of the GAO Standards for Internal Control in the Federal Government: Management documents in policies and procedures for each unit within the entity's organizational structure its responsibility for a business process's objectives and related risks and control activity design, implementation, and operating effectiveness. Each unit, with guidance from management, determines the policies necessary to operate the business process based on the objectives and related risks. Each unit also documents policies and procedures in the appropriate level of detail to allow management to effectively monitor the control activity. The documentation may appear in various forms, such as management directives, administrative policies, or operating manuals. Those in key roles for the unit may further define policies through day-to-day procedures, depending on the rate of change in the operating environment and complexity of the business process. Procedures may include the timing of when a control activity occurs and any follow-up corrective actions to be performed by competent personnel if deficiencies are identified. Per section 10.04 of the GAO Standards for Internal Control in the Federal Government: Establishment and review of performance measures and indicators - Management establishes control activities to monitor performance measures and indicators that it has established for its defined objectives. These may include comparisons and assessments relating different sets of data to one another so that management can analyze the relationships and take appropriate actions. Management designs control activities aimed at validating the propriety and integrity of both entity and individual performance measures and indicators.

**Cause:** The Facilities Management Division did not previously document Facilities-related processes as procedures. The Facilities Management Division was recently moved to the Public Works Department and is now in the process of developing procedures as required for Public Works accreditation. Key performance indicator metrics were developed based on the Facilities Manager past experience, not documented best practices, and were verbally agreed on by the Facilities Manager and Director of Public Works but have not been documented. Processes for generating FacilityDude reports used to analyze performance are still being refined and have not been documented.

**Risk:** By not having documented procedures related to key performance indicators (KPIs), there is a chance that KPI reporting is not standardized, leading to inaccurate reporting and thus an inaccurate representation of performance. These inaccurate representations of performance could lead to inaccurate budgeting, insufficient staffing, equipment downtime, and other operational, reputational, financial, and health/safety risks.

**Recommendation 1:** We recommend that the Facilities Management Division:

- a) Develop and document KPI metrics based on industry best practices.
- b) Develop and document a review process for KPI reports to ensure accuracy.



**Management Action Plan:** Management Action Plan: Management agrees with the findings. While key performance indicators (KPIs) are identified and reported by the department, we acknowledge that there is a need to review the current KPI metrics with industry's best practice. In addition, we acknowledge the need to develop a document detailing how data for KPI reporting is generated and reviewed for accuracy.

Public Works Facilities Division will be developing written procedures to identify how reports are to be generated from Facility Dude and documented for KPIs. This will include reviewing and modifying current KPI metrics as determined appropriate and developing use of additional key performance indicators based on industry standards that are relevant to the organization and developing processes for accurately reviewing the reported data.

Due date:	October 31, 2026
Responsible Party:	Facilities Manager
Accountable Party:	Director of Public Works



## Issue 2. - Work Orders

**Risk rating:** High

### Observation:

#### Preventative Maintenance Work Orders

The Facilities Management Division developed and documented a procedure for their Preventative Maintenance Program. However, this procedure does not state that preventative maintenance (PM) work order (WO) schedule frequencies can be created based on personal experience or other deviations from manufacturer recommendations. It also does not provide staff with guidance for timelines of PM WO completion or performing reviews of PM WO schedules.

Of the 30 PM WO schedules sampled, five were accurately designated as definition, five were accurately designated as discontinued, but five of the remaining 20 were inaccurately designated as running.

Of the 15 running PM WO schedules sampled, seven schedules' last two PM WO frequencies did not align with the frequencies communicated by staff.

Additionally, of the 15 running PM WO schedules, three PM WO schedules were completed within 2-5 days, on average. However, the remaining 12 PM WO schedules were completed within 15-96 days. Of these 12, ten were HVAC-related items.

Of the 3,115 PM work orders generated and completed from October 1, 2023, to December 3, 2025, 660 (21%) were completed, on average, between 32 and 177 days. See Table 2.

**Table 2:** Average Days to Complete PM Work Orders

Days to Complete	Number of PM Work Orders	Percent of PM Work Orders
1 -> 5	1,091	35.02%
6 -> 10	536	17.21%
11 -> 15	233	7.48%
16 -> 20	213	6.84%
21 -> 25	127	4.08%
26 -> 31	255	8.19%
32 -> 177	660	21.19%
<b>Total</b>	<b>3,115</b>	<b>100.00%</b>

#### Reactive Maintenance/Unscheduled Work Orders

The Facilities Management Division developed and documented a procedure for Request for Maintenance and Emergency Repairs. However, this procedure does not provide specific guidance to staff on how or when to document action taken, including status changes, or when to document labor hours. Also, while there are documented review processes, they can be easily circumvented.

Of the 39 RM work orders sampled:

- One work order request made on May 5, 2025, relating to utility closet lighting was not assigned to any Facilities staff as of December 2, 2025;



- Six work orders (five with a status of Work in Progress and one Waiting Funding) did not have any action taken documented as of December 2, 2025. These requests were made between April and August of 2025. One was listed as high risk, four as moderate risk, and one as low risk. Three were subsequently completed in January 2026, and their action taken sections were updated. As of January 29, 2026, one of the remaining three work orders related to mold growth that was classified as health and safety and was requested on May 5, 2025, still had no action taken documented.
- Seven work orders did not have any labor hours and/or labor costs documented. The statuses of these seven work orders were: two were Closed Work Orders, one was Declined, and four were Work In Progress as of December 2, 2025.
- Twenty work orders were not completed within one week. Of these 20 work orders, one had a status of Waiting for Funding, and the other had a status of Waiting for More Information.

Additionally, of the 32 completed RM work orders, four were not closed by the Account Clerk.

**Criteria:** Section 12 of the GAO Standards for Internal Control in the Federal Government require policies and procedures to document objectives and related risks and control activity design, implementation, and operating effectiveness. Policies and procedures should include details for effective monitoring. Policies may be defined through day-to-day procedures while procedures may include scheduling of control activities and any follow-up corrective action.

Section 13 of the GAO standards requires management to generate relevant and reliable data from internal and external sources in a timely manner, and to make any necessary revisions to preserve the quality of information.

The following guidance comes from ANSI/ASHRAE/ACCA Standard 180-2018 (Standard Practice for Inspection and Maintenance of Commercial Building HVAC Systems):

4.3 Maintenance Program: Requires a maintenance program that preserves the condition and capability of the HVAC systems and equipment.

4.3.2 Maintenance Plan: Requires a plan of inspection and maintenance that documents the work to be accomplished at scheduled intervals on the relevant equipment.

4.6 Program Review: Requires the responsible and implementing parties to periodically review the maintenance program, formally meeting twice, at the beginning of the performance period and again at the end of the performance period.

Per Department Procedure (DP) 18.4, 18.5, and 18.7 - Request for Maintenance and Emergency Repairs:

- The Facilities Division's standard timeline for responding to and completing work order requests for maintenance and repair is from twenty-four (24) to seventy-two (72) hours and no more than one (1) week, depending upon the nature of the request and how it is classified and prioritized.
- Work orders are reviewed by the ASD Account Clerk to ensure that description of work, labor hours to complete the work, and any materials used are documented. The work order is then closed by the ASD Account Clerk. Records are maintained in the system for internal use and public records requests.

**Cause:** Departmental procedures do not provide staff with specific guidance for work order documentation. Reviews are not conducted to ensure that all RM work orders are being closed by the Account Clerk and PM work order schedules are accurate. Additionally, manufacturer recommendations for maintenance, FacilityDude templates, and staff's personal experiences do not always align with regards to frequencies of performing preventive maintenance work.

**Risk:** By not having documented procedures related to PM WO schedule reviews, completion timeliness, and scheduling frequencies, there is a risk that PM WO schedules are inaccurate and service is not conducted timely. This could lead to greater financial, operational, and reputational risks.



Additionally, by not having documented procedures related to RM WO reviews, and limited guidance for work order documentation, there is a risk that work performed is not adequately documented and any data derived from these work orders is inaccurate. This could lead to greater financial, operational, and reputational risks.

**Recommendation 2:** We recommend that the Facilities Management Division staff update current preventative maintenance procedures to:

- a) Include a process for reviewing PM WO schedules.
- b) Include a process for documenting deviations from manufacturer recommendations in FacilityDude.
- c) Include a process to ensure the timely completion of PM work orders.

We also recommend that the Facilities Management Division staff:

- d) Update current reactive maintenance procedures to include specific guidance for how and when to document action taken and labor hours.
- e) Ensure staff are properly trained on completing work orders in FacilityDude.
- f) Include a process during monthly work order reviews to identify work orders closed by individuals other than the Account Clerk.

**Management Action Plan:** Management agrees with the findings. Facilities Management Division staff will revise preventative maintenance procedures to include processes for reviewing PM WO schedules, documenting deviations from manufacturer-recommended PM Frequencies, and ensuring the timely completion of PM work orders. Facilities Management Division will also update reactive workorder procedures to provide instructions for documenting actions taken and labor hours in FacilityDude, provide for training on completing workorder documentation in FacilityDude, and conduct monthly reviews to ensure workorders are reviewed and closed by the appropriate staff members.

Due date:	October 31, 2026
Responsible Party:	Facilities Manager
Accountable Party:	Director of Public Works



### Issue 3. - Custodial Building Inspections

**Risk rating:** Moderate

**Observation:** The preventive maintenance schedule for custodial inspection reminders is not documented in FacilityDude. As such, custodial inspection work orders are not reviewed in accordance with procedures. Also, there are inconsistencies between the documentation and maintenance of custodial inspection checklists.

Management uses checklists to assess the quality of custodial building inspections on a weekly basis. We requested inspection checklists for December 2023, January 2024, February 2024, May 2025, August 2025, and September 2025. However, management was able to provide only the checklists for May 2025, August 2025, and September 2025. A review of the 12 checklists provided for these three months identified discrepancies. All 12 checklists contained dates from November 2025, which were outside of the periods of the reports. As a result, we did not have confidence in the reliability of the data contained in the checklists.

Additionally, buildings listed on the checklists for inspection did not match the buildings listed in departmental procedures.

**Criteria:** Per DP-18.11-Custodial Inspection Program, "The Custodial Supervisor will use an Inspection checklist to review the quality of work performed at each facility location. A routine Preventative Maintenance task is generated weekly from FacilityDude as a reminder and means of documentation for each of the weekly inspections. The checklist of items to inspect will be generated within the Preventative Maintenance task. A Preventative Maintenance task report is generated monthly and provided for review by the Facilities Manager and Assistant Facilities Manager. Management will use these reports to evaluate current services to determine where changes need to be made in methods, schedules, or services. This evaluation should include feedback from custodial staff and occupants of each facility.

Per DP-18.4-18.5 and 18.7-Request for Maintenance and Emergency Repairs, "Work orders are reviewed by the ASD Account Clerk to ensure that description of work, labor hours to complete the work, and any materials used are documented. The work order is then closed by the ASD Account Clerk. Records are maintained in the system for internal use and public records requests.

**Cause:** Previously, the Facilities Management Division operated without documented procedures for its processes. The Facilities Management Division was recently moved to the Public Works Department and is now in the process of developing procedures as required for Public Works accreditation. Preventative maintenance tasks were not generated to document custodial building inspection checklists.

**Risk:** Inconsistent custodial inspection checklist documentation and the absence of a preventive maintenance schedule could result in delayed communication of inadequate custodial performance, which could negatively impact occupant satisfaction. It could also lead to unreported health and safety hazards, non-compliance with regulatory standards, and damage to the City's reputation.

**Recommendation 3:** We recommend that the Facilities Management Division staff:

- a) Create preventative maintenance tasks for custodial building inspection checklists.
- b) Follow departmental procedures related to the Custodial Inspection Program.



**Management Action Plan:** Management agrees with the findings. As recommended, Facilities management staff will update procedures to clearly identify preventive maintenance tasks on custodial building inspection checklists, ensure that custodial staff are properly trained, and supervise staff to ensure they follow procedures related to the Custodial Inspection Program.

Due date: October 31, 2026  
Responsible Party: Facilities Manager  
Accountable Party: Director of Public Works



## Issue 4. - Component Replacement

**Risk rating:** Moderate

**Observation:** The Facilities Management Division has a documented procedure for component replacement. However, this procedure does not provide staff with the necessary guidance for where to document information related to component life expectancies and replacement priorities. Some components, their life expectancies, and priorities were identified in the facilities management system. Of the 30 components reviewed, 12 of the original components' placed-in-service dates and thirteen of the original components' life expectancies were not identified in the Facilities management system.

Additionally, components were not always replaced timely and data was not always sufficient to assess the timeliness. Of the 30 components reviewed, two were replaced before the expiration of the components being replaced, eight were replaced after the life expectancy of the original component, the timeliness for 12 components were unable to be determined due to insufficient documentation, seven projects were ongoing and still within the life expectancy of the original component, and one was deemed out of scope as it was not a Facilities project.

**Criteria:** Per the DP-18.3-Component Replacement procedures:

- The Facilities Division inventories its facilities annually to identify risks to update its 5 to 10-Year Component Replacement Program/Plan. The Plan is reviewed and updated each year in preparation for and in compliance with the City's Capital Improvement Planning Program.
- Replacement criteria are established based on the manufacturer's recommended lifecycle of the component and includes an assigned priority based on a selection of factors ranging from high, medium, and low, and replacement costs are projected.
- Recommended components for replacement are submitted for the fiscal year Capital Improvement Plan, in which they are scheduled to be replaced.
- As components are replaced, they are scheduled for future replacement according to their expected lifecycle.
- The level of priority determines where in the Plan replacement will be funded and occur within the Facilities Division current fiscal year budget during the City's annual capital improvement planning and budget process.

**Cause:** Previously, the Facilities Management Division operated without documented procedures for its processes. The Facilities Management Division was recently moved to the Public Works Department and is now in the process of developing procedures as required for Public Works accreditation.

**Risk:** By not having detailed and accurate procedures for component replacements, there is a chance that component-related information is not documented or up to date. This could lead to components not being replaced timely, which could result in reputational, operational, financial, and safety risks to the City.

**Recommendation 4:** We recommend that the Facilities Management Division staff:

- a) Develop processes for documenting component placed-in-service dates and life expectancies, and document them in the departmental procedure.
- b) Develop a process for timelines for reviews and documentation of reviews, and document them in the departmental procedure.



**Management Action Plan:** Management agrees with the findings. Facilities Staff will be developing processes and documenting formal procedures to improve equipment record-keeping, tracking service dates, and life expectancies. This action will include documenting procedural timelines and requirements for periodic reviews, ensuring documentation is recorded in a timely and accurate manner.

Due date: October 31, 2026  
Responsible Party: Facilities Manager  
Accountable Party: Director of Public Works



## Issue 5. - Safety Inspections

**Risk rating:** Moderate

**Observation:** The Facilities Management Division has a documented procedure for safety inspections. However, this procedure does not provide enough detail to determine the types of equipment, the amounts of equipment, and the timelines for safety inspections. Additionally, it does not provide staff with the necessary guidance on how to adequately maintain safety inspection records, document deficiencies, or track the completion of corrective action.

Of the thirty-four locations with fire sprinklers, fire alarms, fire extinguishers, and/or elevators reviewed for 2025:

- Inspection records were identified for five.
- Partial records were identified for three.
- Two were deemed not applicable. The Thelma Boltin Center's elevators were inactive and thus did not require an annual inspection. The elevators at the GPD Admin Building were exempt from annual inspections. Per Florida Statute 399.061, "If the elevator is not an escalator or a dumbwaiter, serves only two adjacent floors, and is covered by a service maintenance contract, an inspection is not required so long as the service contract remains in effect." The GPD elevators only serve two adjacent floors and are covered by a service maintenance contract.
- Inspection records were not identified for 24.

Of the eight locations where inspection reports were all or partially identified, five had their inspections performed timely, and three did not have their inspections performed timely. These three locations were to have inspections performed quarterly; however there was a gap of over five months between inspections.

Of the eight locations where inspection reports were all or partially identified, all eight contained noted deficiencies, but there was no detailed documentation identified to verify that these deficiencies were addressed timely or at all.

Also, for nine of the eleven locations where annual fire extinguisher inspection-related invoices were identified, six were invoiced for extinguisher inspections for a number of extinguishers other than what was cited in the contract with the vendor. Of those six locations, five were invoiced for one additional extinguisher inspection, and one location was invoiced for three less than what was cited in the contract.

**Criteria:** Per the DP-18.9 and 18.3-Testing Alarms & Critical Infrastructure and Life & Safety Systems:

- The Facilities Division establishes a schedule and outsources testing alarms, critical infrastructure, and life and safety systems with State of Florida licensed contractors for all City-owned and operated facilities that include fire alarms, fire extinguishers, fire sprinklers, other life and safety alarm systems, generators, and elevators. Records are maintained of the test results based on manufacturer's recommendations.
- Each contracted vendor generates a report and invoice following the completion of each inspection.
- The inspection reports document the date, time, and procedures that were followed for the test and the results of the test.
- The inspection reports/results will indicate a pass or fail rating where applicable and a list of any deficiencies that were observed and require further attention or repairs.
- Further corrective actions will be initiated by the Division as required.



- All contracted vendors are responsible for documenting and maintaining the inspection and service records and reporting to the Facilities Division. The Division maintains these records on the V: Drive, Public Folders, Public Works, PW Interdivisional Shares, Facilities.

**Cause:** Previously, the Facilities Management Division operated without documented procedures for its processes. The Facilities Management Division was recently moved to the Public Works Department and is now in the process of developing procedures as required for Public Works accreditation.

**Risk:** By not having detailed and accurate procedures for safety inspections, there is a chance that inspections are not completed timely, deficiencies are not addressed timely or at all, and that billing errors could occur. This could result in reputational, financial, and operational risks, as well as compromise public safety.

**Recommendation 5:** We recommend that the Facilities Management Division staff:

- a) Develop processes for documenting and reviewing equipment that require safety inspections, and document them in the departmental procedure.
- b) Develop a process for logging completed safety inspections, deficiencies noted during safety inspections and corrective action taken, and document them in the departmental procedure.
- c) Update current departmental procedures to accurately reflect safety inspection processes, if necessary.

**Management Action Plan:** Management agrees with the findings. The Public Works Facilities Division will further update/develop departmental procedures to reflect the processes used for safety inspections accurately and to improve documentation, deficiency recording, and corrective action monitoring . This action will include a process for reviewing equipment that is currently inspected and identifying new equipment that will require safety inspections.

Due date:	October 31, 2026
Responsible Party:	Facilities Manager
Accountable Party:	Director of Public Works

