



### SMOKE ALARM MAINTENANCE CHECKLIST

Address/Suite Number: \_\_\_\_\_ Date: \_\_\_\_\_

Alarm Location: \_\_\_\_\_

Smoke alarm has been tested as a result of: \_\_\_\_\_

Date Installed: \_\_\_ / \_\_\_ / \_\_\_\_\_

Date expired: \_\_\_ / \_\_\_ / \_\_\_\_\_

|   |  |
|---|--|
| <input type="checkbox"/> Routine test and maintenance | <input type="checkbox"/> Extended Absence of Occupants |
| <input type="checkbox"/> Annual test and maintenance  | <input type="checkbox"/> Complaint                     |
| <input type="checkbox"/> Change of tenancy            | <input type="checkbox"/> Other: _____                  |

#### A. ROUTINE TEST AND MAINTENANCE

|  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Smoke alarm is securely fastened to the wall or ceiling   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Smoke alarm shows no evidence of physical damage, paint application or excessive great and dirt accumulations | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ventilation holes on the smoke alarm are clean and free of obstructions                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Smoke alarm signal sounds when the test device is operated  | <input type="checkbox"/> | <input type="checkbox"/> |

#### B. ANNUAL TEST AND MAINTENANCE

|  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Smoke alarm is securely fastened to the wall or ceiling   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Smoke alarm shows no evidence of physical damage, paint application or excessive grease and dirt accumulations  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Smoke alarm has been vacuumed   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Smoke alarm is powered by: <input type="checkbox"/> AC Wiring <input type="checkbox"/> Standard Battery <input type="checkbox"/> Long Life Battery that expires in the year _____. For battery operated smoke alarms: Battery has been replaced and securely connected to the clips. Battery is of the type _____ as recommended by the manufacturer. | <input type="checkbox"/> | <input type="checkbox"/> |
| Battery terminals are free of corrosion and signs of leakage   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Smoke alarm signal sounds when the smoke alarm is tested using Smoke produced from a burning <input type="checkbox"/> Incense stick <input type="checkbox"/> punk stick <input type="checkbox"/> Smoke <input type="checkbox"/> other _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has tenant been provided with maintenance instructions for the device(s)  | <input type="checkbox"/> | <input type="checkbox"/> |

#### C. SERVICING AND REPLACEMENT (complete this section if "NO" is checked in sections A or B)

Smoke alarm has been serviced as follows: \_\_\_\_\_

Smoke alarm has been replaced as a result of:

- |  |  |
|--|--|
| <input type="checkbox"/> Failure to sound alarm during test              | <input type="checkbox"/> frequent false alarms |
| <input type="checkbox"/> Physical damage                                 | <input type="checkbox"/> Battery leakage       |
| <input type="checkbox"/> Painted exterior case                           | <input type="checkbox"/> Age                   |
| <input type="checkbox"/> Excessive stains, grease or dirty accumulations | <input type="checkbox"/> Other: _____          |

Name and Title (please print): \_\_\_\_\_

Agency (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_

*\*Always follow manufacturer's instructions*



### CARBON MONOXIDE DETECTOR MAINTENANCE CHECKLIST

Address/Suite Number: \_\_\_\_\_ Date: \_\_\_\_\_

Description of Location of alarm(s): \_\_\_\_\_

Carbon monoxide detector has been tested as a result of: \_\_\_\_\_

Date Installed: \_\_\_ / \_\_\_ / \_\_\_\_ Date expired: \_\_\_ / \_\_\_ / \_\_\_\_

|   |  |
|---|--|
| <input type="checkbox"/> Routine test and maintenance | <input type="checkbox"/> Extended Absence of Occupants |
| <input type="checkbox"/> Annual test and maintenance  | <input type="checkbox"/> Complaint                     |
| <input type="checkbox"/> Change of tenancy            | <input type="checkbox"/> Other: _____                  |

#### A. ROUTINE TEST AND MAINTENANCE

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Carbon monoxide detector is securely fastened to the wall or ceiling   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Carbon monoxide detector shows no evidence of physical damage, paint application or excessive great and dirt accumulations | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ventilation holes on the carbon monoxide detector are clean and free of obstructions                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Carbon monoxide signal sounds when the test device is operated   | <input type="checkbox"/> | <input type="checkbox"/> |

#### B. ANNUAL TEST AND MAINTENANCE

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Carbon monoxide detector is securely fastened to the wall or ceiling  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Carbon monoxide detector shows no evidence of physical damage, paint application or excessive grease and dirt accumulations   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Carbon monoxide detector has been vacuumed  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Carbon monoxide detector is powered by: <input type="checkbox"/> AC Wiring <input type="checkbox"/> Standard Battery <input type="checkbox"/> Long Life Battery that expires in the year _____. For battery operated carbon monoxide detectors: Battery has been replaced and securely connected to the clips. Battery is of the type _____ as recommended by the manufacturer. | <input type="checkbox"/> | <input type="checkbox"/> |
| Battery terminals are free of corrosion and signs of leakage   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Carbon monoxide detector signal sounds when the carbon monoxide detector was tested using the test button.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has tenant been provided with maintenance instructions for the device(s)  | <input type="checkbox"/> | <input type="checkbox"/> |

#### C. SERVICING AND REPLACEMENT (complete this section if "NO" is checked in sections A or B)

Carbon monoxide detector has been serviced as follows: \_\_\_\_\_

Carbon monoxide detector has been replaced as a result of:

- |  |  |
|--|--|
| <input type="checkbox"/> Failure to sound alarm during test              | <input type="checkbox"/> frequent false alarms |
| <input type="checkbox"/> Physical damage                                 | <input type="checkbox"/> Battery leakage       |
| <input type="checkbox"/> Painted exterior case                           | <input type="checkbox"/> Age                   |
| <input type="checkbox"/> Excessive stains, grease or dirty accumulations | <input type="checkbox"/> Other: _____          |

Name and Title (please print): \_\_\_\_\_

Agency (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_

*\*Always follow manufacturer's instructions*