

SMOKE ALARM MAINTENANCE CHECKLIST

Address/Suite Number: _____

Date: _____

Smoke alarm has been tested as a result of:

<input type="checkbox"/> routine test and maintenance	<input type="checkbox"/> extended absence of occupants
<input type="checkbox"/> change of tenancy	<input type="checkbox"/> complaint
	<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 grease 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"/>
(5) Smoke alarm has been vacuumed.	<input type="checkbox"/>	<input type="checkbox"/>
(6) 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. Battery terminals are free of corrosion and signs of leakage.	<input type="checkbox"/>	<input type="checkbox"/>
(7) 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, or <input type="checkbox"/> cotton string.	<input type="checkbox"/>	<input type="checkbox"/>
Servicing and Replacement (complete this section if "no" is checked)		
(8) Smoke alarm has been serviced for: <input type="checkbox"/> ionization <input type="checkbox"/> Photoelectric <input type="checkbox"/> other _____		
(9) 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 dirt accumulations <input type="checkbox"/> other _____		

Name and Title : _____

Agency : _____

Signature: _____