

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

A. ROUTINE TEST AND MAINTENANCE

- Smoke alarm is securely fastened to the wall or ceiling
- Smoke alarm shows no evidence of physical damage, paint application or excessive grease and dirt accumulations
- Ventilation holes on the smoke alarm are clean and free of obstructions
- Smoke alarm signal sounds when the test device is operated

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

B. ANNUAL TEST AND MAINTENANCE

- Smoke alarm is securely fastened to the wall or ceiling
- Smoke alarm shows no evidence of physical damage, paint application or excessive grease and dirt accumulations
- Smoke alarm has been vacuumed
- Smoke alarm is powered by: ☐ AC Wiring ☐ Standard Battery ☐ 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.
- Smoke alarm signal sounds when the smoke alarm is tested using
smoke produced from a burning ☐ incense stick ☐ punk stick
☐ smoke ☐ other _____
- Has tenant been provided with maintenance instructions for the device(s)

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<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 dirt accumulations | <input type="checkbox"/> Other: _____ |

Name and Title (please print): _____

Agency (please print): _____

Signature: _____

Tenant Signature: _____

CARBON MONOXIDE DETECTOR MAINTENANCE CHECKLIST

Address/Suite Number: _____ Date: _____

Carbon monoxide detector has been tested as a result of:

- | | |
|---|--|
| <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 grease 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 detector signal sounds when the test device is operated | <input type="checkbox"/> | <input type="checkbox"/> |

B. ANNUAL TEST AND MAINTENANCE

- | | YES | NO |
|--|--------------------------|--------------------------|
| 5. Carbon monoxide detector is securely fastened to the wall or ceiling | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Carbon monoxide detector shows no evidence of physical damage, paint application or excessive grease and dirt accumulations | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Carbon monoxide detector has been vacuumed | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 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"/> |
| 9. Carbon monoxide detector signal sounds when the carbon monoxide detector was tested using the test button | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. 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 dirt accumulations | <input type="checkbox"/> Other: _____ |

Name and Title (please print): _____

Agency (please print): _____

Signature: _____

Tenant Signature: _____