

SMOKE & CO ALARM MAINTENANCE TEST RECORD

Address/Suite Number: _____ Date: _____
 Time: _____

Smoke and/or CO 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 _____ |

Smoke and/or CO Alarm Type & Location:

(Types of Devices: Battery Or Hard-Wired, Combo Smoke/CO, Smoke/Strobe Combo)

Manufacture Date:

Replace by Date:

	↓	↓
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____
(6) _____	_____	_____

Devices listed above were tested to the following:

- | | 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; or <input type="checkbox"/> long life battery | | |

For battery operated smoke alarms:

- | | | |
|---|--------------------------|--------------------------|
| Battery has been replaced and securely connected to the clips. | <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 Test button. | <input type="checkbox"/> | <input type="checkbox"/> |

Comments (Complete this section if "No" is checked)

Smoke or CO alarm # _____ has been serviced as follows: _____

Smoke or CO 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): _____

Signature: _____

Occupant Name: _____ **Signature:** _____