

Appendix D

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

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"/>

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. Battery terminals are free of corrosion and signs of leakage.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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, or <input type="checkbox"/> cotton string.	<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: _____