

SMOKE ALARM MAINTENANCE CHECKLIST

Address/Suite Number: _____

Date: _____

Smoke alarm has been tested as a result of:

Routine test and maintenance	Extended absence of occupants
Annual test and maintenance	Complaint
Change of tenancy	Other

ROUTINE TEST AND MAINTENANCE	Yes	No
Smoke alarm is securely fastened to the wall or ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarm shows no evidence of physical damage, paint application or Excessive grease and dirt accumulations	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation holes on the smoke alarm are clean and free of obstructions	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarm signal sounds when the test device is operated	<input type="checkbox"/>	<input type="checkbox"/>
ANNUAL TEST AND MAINTENANCE	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarm is securely fastened to the wall or ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarm shows no evidence of physical damage, paint application or Excessive grease and dirt accumulations	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarm has been vacuumed	<input type="checkbox"/>	<input type="checkbox"/>
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	<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"/>
Smoke alarm signal sounds when the smoke alarm is tested using smoke produced from A burning incense stick, punk stick or cotton string.	<input type="checkbox"/>	<input type="checkbox"/>
SERVICING AND REPLACEMENT (Complete this section if "No" is checked in the above sections)		
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 _____	

Tenant Signature

Date