



FIRE and EMERGENCY SERVICES

### SMOKE/CARBON MONOXIDE ALARM MAINTENANCE CHECKLIST

Address/Suite Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Smoke/Carbon Monoxide alarm(s) has been tested as a result of:**

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

**A. ANNUAL TEST AND MAINTENANCE**

**YES NO N/A**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1) Smoke/ carbon monoxide alarm(s) is securely fastened to the wall or ceiling.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Smoke/ carbon monoxide alarm(s) shows no evidence of physical damage, paint application, or excessive grease and/or dirt accumulations.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Smoke/ carbon monoxide alarm(s) has been vacuumed.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Smoke/ carbon monoxide alarm(s) is powered by: <input type="checkbox"/> AC wiring, <input type="checkbox"/> standby battery, <input type="checkbox"/> long life battery that expires in the year _____. |                          |                          |                          |
| For battery operated smoke /carbon monoxide alarm(s):  |                          |                          |                          |
| Battery has been replaced and securely connected to the clips.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Battery is of the type _____ as recommended by the manufacturer.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Battery terminals are free of corrosion and signs of leakage.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Smoke alarm(s) sounds when the smoke alarm is tested using smoke alarm test button.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**B. SERVICING AND REPLACEMENT** (complete this section if "NO" is checked in sections A)

Smoke/carbon monoxide alarm(s) has been serviced as follows:

\_\_\_\_\_  
\_\_\_\_\_

Smoke /carbon monoxide alarm(s) has been replaced as a result of:

- Failure to sound alarm during test
- Physical damage
- Painted exterior case
- Excessive stains, grease or dirt accumulations
- Frequent false alarms
- Battery leakage
- Age
- Other \_\_\_\_\_

Owner/Agent and Title (please print): \_\_\_\_\_

Owner/Agent Signature: \_\_\_\_\_