Record of Detector, Fire Extinguishers, and Evacuation Equipment Checks

Facility/Program Name:_____ Year:_____

Address:_____ Owner/Director Signature:_____

Smoke Detectors												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
# of Detectors												
Date Detectors Checked & Initials												
Date Batteries Replaced (change twice a year)												

Carbon Monoxide Detectors (required for licensed child care centers and preschools)												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
# of Detectors												
Date Detectors Checked & Initials												
Date Batteries Replaced												

Fire Extinguishers												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
# of Fire Extinguishers												
Date Extinguisher Checked & Initials												
Date Fire Extinguishers Purchased												

Evacuation Equipment (if equipment is included in your plan)												
Other evacuation equipment (i.e., egress windows, evacuation cribs, etc.) ***List items below***	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec