

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)												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Other evacuation equipment (i.e., egress windows, evacuation cribs, etc.) <i>List items below</i>												