

RECORD OF DETECTOR/FIRE EXTINGUISHERS/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 Extinguisher(s) Purchased												

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