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**FIRE and EMERGENCY SERVICES
SMOKE/CARBON MONOXIDE ALARM MAINTENANCE CHECKLIST**

Address/Suite Number: _____

Date: _____ Roll #: _____

STR #: _____

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

- | | |
|---|--|
| <input type="checkbox"/> Routine test and maintenance | <input type="checkbox"/> Extended absence of occupants |
| <input type="checkbox"/> Annual test and maintenance | <input type="checkbox"/> Complaint _____ |
| <input type="checkbox"/> Change of tenancy | <input type="checkbox"/> Other _____ |

<u>A. ANNUAL TEST AND MAINTENANCE</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>
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 because 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 _____ |

Owner/Agent and Title (please print): _____

Owner/Agent Signature: _____