



LILLOOET FIRE DEPARTMENT

PROTECTING HOMES AT RISK SMOKE ALARM MAINTENANCE CHECKLIST

Address: _____ Date: _____

- | A. ROUTINE TEST AND MAINTENANCE | Yes | No |
|---|--------------------------|--------------------------|
| 1. Smoke alarm present | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Smoke alarm is securely fastened to the wall or ceiling | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Smoke alarm shows no evidence of physical damage, paint application or excessive grease and dirt accumulation | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ventilation holes on the smoke alarm are clean and free of obstructions | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Smoke alarm signal sounds when the test device is operated | <input type="checkbox"/> | <input type="checkbox"/> |
| B. ANNUAL TEST AND MAINTENANCE | | |
| 1. Smoke alarm is securely fastened to the wall or ceiling | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Smoke alarm shows no evidence of physical damage, paint application or excessive grease and dirt accumulations | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Smoke alarm has been vacuumed | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Smoke alarm is powered by: | | |
| <input type="checkbox"/> AC wiring | | |
| <input type="checkbox"/> Standard battery | | |
| <input type="checkbox"/> Long life battery that expires in the year ____ | | |

For battery operated smoke alarms:

Battery has been replaced and securely connected to the clips

Battery is of the type _____ as recommended by the manufacturer

Battery terminals are free of corrosion and signs of leakage

5. Smoke alarm signal sounds when the smoke alarm is tested using smoke produced from:
- Incense stick
 - Canned smoke

C. SERVICING AND REPLACEMENT (complete this section if "No" is checked in section A or B)

Smoke alarm has been serviced as follows: _____

Smoke alarm has been replaced as a result of:

- | | |
|---|--|
| <input type="checkbox"/> Failure to sound alarm | <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: _____ |

of battery smoke alarms installed ____

of 10 year sealed Smoke Alarms installed ____

Manufacturer's instructions given to home occupant

Team Name: _____

Senior member signature: _____