

LIFE SHARING FIRE SYSTEMS CHECK

Home: _____

Date	Person Inspecting	Were extinguishers charged?	Was there a 2A extinguisher in the kitchen?	Was there at least a 10 B fire extinguisher in the kitchen?	Were smoke detectors/ fire systems operating?	Is there a smoke detector on each floor and in the attic and basement?
		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO

Instructions: Complete a system check each month. If while doing so you have any questions that you answered a NO then contact your coordinator for a new extinguisher or replace the batteries in detectors immediately.

Date Furnace last cleaned: _____

Due Next: _____

Chimney last cleaned: _____

Next Due: _____

COMMENTS
