

## **Monthly Inspection Requirements**

Under **NFPA 10**, you must check the following for your portable fire extinguishers each month:

- Location in designated place
- No obstruction to access or visibility
- Operating instructions on nameplate legible and facing outward
- Safety seals and tamper indicators not broken or missing
- Fullness (confirmed by weighing or lifting)
- Obvious physical damage, corrosion, leakage or clogged nozzle
- Pressure gauge reading or indicator in the operational range or position

If the monthly inspection reveals any problems with a rechargeable fire extinguisher, it must undergo full maintenance by a certified person, or be replaced.

A non-rechargeable, or disposable, dry chemical fire extinguisher must be removed after use and replaced with a new one.

The person conducting the monthly inspection must record the results.

**Only a certified person shall conduct the annual inspection and tests for your portable fire extinguishers.**

### **Monthly Inspection Log (to be kept on site for two (2) years)**

<b>Month</b>	<b>Type</b> (example ABC, water, etc.)	<b>Location</b> (example: kitchen, main hall etc.)	<b>Inspection Date</b>	<b>Signature</b>
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

## **BATTERY POWERED EMERGENCY LIGHTING**

Reference Ontario Fire Code, sub-section 2.7.3

### **MONTHLY**

Pilot lights on emergency lighting unit equipment shall be checked monthly for operation.

Emergency lighting unit equipment shall be inspected monthly to ensure that:

- a) the terminal connections are clean, free of corrosion and lubricated when necessary;
- b) the terminal clamps are clean and tight as per manufacturer's specification, and;
- c) the electrolyte level and specific gravity are maintained as per manufacturer's specifications.

### **TESTS**

Emergency lighting units shall be tested:

- a) Monthly to ensure that the emergency lights will function upon failure of the primary power supply, and;
- b) annually to ensure that the unit will provide emergency lighting for the required duration under simulated power failure conditions.

After completion of the Annual Test, the charging conditions for voltage and current and the recovery period shall be tested to ensure that the charging system is in accordance with the manufacturer's specification.

### **REQUIRED DURATION**

Two (2) hours for high buildings ( as defined in sub-section 3.2.6 of Ontario Building Code).

One (1) hour for buildings where persons are detained or under special care.

One-half (1/2) hour for all other buildings.

INSPECTION & MAINTENANCE RECORD

**BATTERY POWERED EMERGENCY LIGHTING**

See reverse for Required Procedure

BATTERY PACK LOCATION	MONTHLY INSPECTION												REMARKS Description of Maintenance, Testing, Etc.	
	J	F	M	A	M	J	J	A	S	O	N	D		
ATTACH ADDITIONAL SHEETS IF FURTHER REMARKS ARE REQUIRED	DATE													
	SIGNATURE													
<p style="text-align: right;"><b><u>ANNUAL TEST</u></b></p> <p>Date Performed _____</p> <p>By _____</p> <p style="padding-left: 40px;">(Name of Company)</p> <p>Length of test (in minutes) _____</p> <p>Were all units tested? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Signature _____</p>														

## SMOKE ALARM MAINTENANCE CHECKLIST

Address: \_\_\_\_\_ Suite Number: \_\_\_\_\_

Date: \_\_\_\_\_

### SMOKE ALARM 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 _____

A. ROUTINE TEST AND MAINTENANCE	YES	NO
(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) Ventilation holes on the smoke alarm are clean and free of obstructions.	<input type="checkbox"/>	<input type="checkbox"/>
(4) Smoke alarm signal sounds when the test device is operated.	<input type="checkbox"/>	<input type="checkbox"/>

B. ANNUAL TEST AND MAINTENANCE	YES	NO
(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. <span style="float: right;">YES NO</span> Battery is of the type _____ as recommended by the manufacturer. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>  Battery terminals are free of corrosion and signs of leakage. <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Smoke alarm signal sounds when the "Test" device is operated.	<input type="checkbox"/>	<input type="checkbox"/>
(6) Smoke alarm signal sounds when the smoke alarm is <b>tested using smoke</b> produced from a burning: <input type="checkbox"/> incense stick, <input type="checkbox"/> punk stick, or <input type="checkbox"/> cotton string.	<input type="checkbox"/>	<input type="checkbox"/>

### C. SERVICING AND REPLACEMENT (Complete this section if "No" is checked in sections 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 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 _____

Name and Title (please print): \_\_\_\_\_

Agency (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### SMOKE/CO ALARM ADDITIONAL INFORMATION

Smoke Alarm Manufacturer	
Serial Number	
Smoke/CO combination (yes/no)	
Date of expiry	
Smoke alarms interconnected (yes/no)	
10 year Battery (yes/no)	
Last date Battery(s) Replaced	

### CO ALARM ADDITIONAL INFORMATION (IF NOT SMOKE/CO COMBINATION ALARM)

CO Alarm Manufacturer	
Serial Number	
Date of expiry	
10 year battery (yes/no)	
Last Date battery(s) Replaced	

### LOCATION OF SMOKE/CO ALARMS

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