

CHINOOK'S EDGE SCHOOL DIVISION NO. 73
MONTHLY FIRE ALARM SYSTEM TEST AND INSPECTION RECORD

SCHOOL: _____
 YEAR: _____

DATE	INSPECT		FIRE ALARM SYSTEM				Signature of Person Doing Test	FAME S.R. Number if there is a Problem
	Power Light	Trouble Light	Location of Pull Station Used	Correct Zone on Panel Displays	All Horns and Strobes Work	Fire Doors Close		
	On / Off	On / Off		Yes / No	Yes / No	Yes / No	Yes / No	
JANUARY								
FEBRUARY								
MARCH								
APRIL								
MAY								
JUNE								
JULY								
AUGUST								
SEPTEMBER								
OCTOBER								
NOVEMBER								
DECEMBER								

Notes:

1. This record is to be retained for a minimum of 2 years.
2. This record (original or copy) to be retained on **PREMISES** for review of the Authority Having Jurisdiction.
3. The monthly test is not required during the month that the annual test is conducted.
4. **NOTIFY MONITORING AGENCY BEFORE CONDUCTING TEST!**