



SMOKE DETECTOR BATTERY INSPECTION FORM

Facility _____ Inspector _____
 Location _____ Date _____

SMOKE DETECTOR INSTRUCTIONS:

THIS FORM IS DESIGNED TO ASSIST YOU IN INSPECTING ALL BATTERY OPERATED SMOKE DETECTORS LOCATED THROUGHOUT YOUR FACILITY. INSPECTIONS SHOULD BE COMPLETED ON THE FOLLOWING FREQUENCY: PHYSICALLY TEST ALL BATTERIES ON A MONTHLY BASIS BY TESTING THE SMOKE DETECTOR WITH SMOKE, BY OPERATING THE TESTING BUTTON ON THE SMOKE DETECTOR, OR BY FOLLOWING OTHER RECOMMENDED TEST PROCEDURES OF THE MANUFACTURER FOR THE PARTICULAR MODEL. RECORD THE MONTHLY INSPECTIONS ON BELOW FORM.

ALL SMOKE DETECTORS SHOULD BE NUMBERED AND LISTED BELOW. NOTE DETECTOR LOCATION AND AREA CONTROLLED (ZONE) FOR EACH DETECTOR. ALL DETECTORS SHOULD BE PHYSICALLY TESTED. DO NOT REPORT A DETECTOR AS OPERATIONAL UNLESS YOU PERSONALLY TRIED DETECTOR.

SMOKE DETECTOR TEST LOG

DETECTOR NUMBER	DETECTOR LOCATION (Be Specific)	AREA DETECTOR CONTROLS (Zone)	IS DETECTOR OPERATIONAL		IF NO, WAS BATTERY REPLACED		DATE OF LAST REPLACEMENT
			YES	NO	YES	NO	
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments: