



## CHECKLIST FOR DOCUMENTATION REVIEW

\_\_\_\_\_  
**Facility Name**

\_\_\_\_\_  
**Date of Inspection**

TAB	<b>AUTOMATIC SPRINKLER SYSTEM – K56 Installation/K62 Maintenance</b>												
<input type="checkbox"/>	Annual Servicing Report of Automatic Sprinkler System: Date _____ Company _____												
<input type="checkbox"/>	Indicate when annual and quarterly testing of Automatic Sprinkler System were completed:												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
<input type="checkbox"/>	Back flow inspection reports - Date Performed _____												
<input type="checkbox"/>	5 year Internal Pipe Inspection report - Date Performed _____												
TAB	<b>AUTOMATIC/MANUAL FIRE ALARM SYSTEM – K51</b>												
<input type="checkbox"/>	Annual Servicing Report of Automatic Fire Alarm System: Date _____ Company _____												
<input type="checkbox"/>	Smoke Detector Sensitivity Reports - Date Performed _____												
<input type="checkbox"/>	Nuisance log. Records of detector-caused nuisance alarms and subsequent <u>trends</u> of these alarms shall be maintained. (N/A if addressable system)												
TAB	<b>KITCHEN SUPPRESSION SYSTEM – K69</b>												
<input type="checkbox"/>	Semi-Annual Servicing Reports (= 2 reports): Date _____ Date _____ Company _____												
<input type="checkbox"/>	Annual Hood Cleaning Report: Date Performed _____ Company _____												
TAB	<b>GENERATOR – K144</b>												
<input type="checkbox"/>	Annual Servicing Report: Date _____ Company _____												
<input type="checkbox"/>	Weekly log and full load monthly test log.												
TAB	<b>EMERGENCY BATTERY POWER BACKUP LIGHTING – K46</b>												
<input type="checkbox"/>	Maintenance Documentation – log of monthly 30 second test and annual 90 minute test.												
TAB	<b>EMERGENCY PLANNING/DISASTER PLAN – K48, 155, 154</b>												
<input type="checkbox"/>	Policy in place for fire watch procedures if alarm/sprinkler shutdown greater than 4 hours.												
<input type="checkbox"/>	Procedures that meet 8 points of 19.7.2.2 (Partial and full evacuation process).												
<input type="checkbox"/>	Smoking policy in place (19.7.4).												
TAB	<b>FIRE DRILLS – K50</b>												
<input type="checkbox"/>	Drill reports with signatures of participants:												
		Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	D												
	S												
	N												
TAB	<b>FIRE EXTINGUISHERS – K64</b>												
<input type="checkbox"/>	Annual Servicing Reports (hydro testing info, etc.): Date _____ Company _____												
<input type="checkbox"/>	Monthly inspection by facility maintenance.												

**ALWAYS CHECK SERVICE REPORTS FOR COMMENTS AND/OR DEFICIENCIES. IF ANY COMMENTS OR DEFICIENCIES ARE NOTED – HAVE DOCUMENTATION THAT ITEMS WERE ADDRESSED.**

**ALWAYS MAKE SURE YOU RECEIVE “REPORTS” OF WORK PERFORMED. STATEMENTS AND/OR INVOICES ARE NOT ACCEPTABLE FORMS OF DOCUMENTATION.**