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WCMCI FIRE SAFETY

CREATING AWARENESS ONE FAMILY AT A TIME

1621 St Georges Street, Ottawa, ON K1E 2J1
(613) 277-0390

Fire, CO, Flood, & Security Maintenance Report

Date of Service	Last Service Date	Work Order Number

Name:

Address:

City:	Postal Code:	Phone:

Email Address	Cell:

Fire & Life Safety Systems	✓	Tested By	Initial	Comments
Smoke/CO Device Report		Art O'Keefe		
Fire Extinguisher Report		Art O'Keefe		
Insteon Device Report		Art O'Keefe		

Device	Description	Type	Model No.
SA/P/I/S	Photo-Electric/Ionization/Strobe (Smoke Alarm)		
SA/CO	Smoke Alarm Carbon Monoxide Detector combo		
CO	Carbon Monoxide Alarm		
FE2.5	2.5lb ABC Fire Extinguisher		
FE5	5lb ABC Fire Extinguisher		
FE10	10lb ABC Fire Extinguisher		
IH	Insteon HUB		
WLS	Water Leak Sensor		
SB	Smoke Bridge		
IPC	IP Camera		
W/D C	Window/Door Contact		
MS	Motion Sensor		

SMOKE &CO DEVICE RECORD

Column Legend	
A	Correctly installed
B	Unit requires service, repair, missing, or cleaning
C	Alarm confirmed Smoke/CO or Test Button

"✓" Yes - Acceptable "X" No – Unacceptable (Explain NO answers in Remarks) "-" Not Applicable

Location	Device	A	B	C	Remarks

Annual Extinguisher Report

Column Legend		Major Service Performed	
Mfg Date	Date of Manufacture (year only)	R	Recharge
Svc Date	Last Major Service Date (year only)	M	Internal Maintenance
		H	Hydrostatic Test

"✓" Acceptable "X" Not Acceptable (Explain "NO" answers in remarks).

EXTINGUISHERS							
LOCATION	SIZE / TYPE	SERIAL #	Mfg Date	Svc Date	R M H	T	REMARKS

INSTEON DEVICE RECORD

Column Legend	
A	Correctly installed
B	Unit requires service, repair, missing, or cleaning
C	Alarm confirmed by functional test

"✓" Yes - Acceptable "X" No – Unacceptable (Explain NO answers in Remarks) "-" Not Applicable

Location	Device	A	B	C	Remarks

Comments/Notations:

Pillow Test: Door Open _____db Door Closed _____db

The information on this form (and in the documents attached here-to) attest to the fact that the equipment listed here-in was tested/inspected in conformance by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked "comments". This document has been provided to the Home/Building owner who has acknowledged receipt of same below.

	19-997383		
Technician Signature	CFAA Certification Number	Date	Owner/Agent Signature