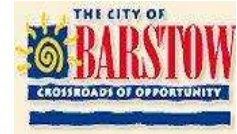




# Barstow Fire Protection District

(A Subsidiary district of the City of Barstow)

COURTESY DUTY LOYALTY



## Smoke Detector/Carbon Monoxide Detector Inspection Checklist

**Building Address:** \_\_\_\_\_

<u>Unit Number/Letter</u>	<u>Date</u>	<u>Smoke Detector</u> <u>Present/Tested</u>	<u>Carbon Monoxide</u> <u>Present/Tested</u>
1. _____	_____	1. <input type="checkbox"/> Yes <input type="checkbox"/> No	1. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	2. <input type="checkbox"/> Yes <input type="checkbox"/> No	2. <input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	3. <input type="checkbox"/> Yes <input type="checkbox"/> No	3. <input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	4. <input type="checkbox"/> Yes <input type="checkbox"/> No	4. <input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	5. <input type="checkbox"/> Yes <input type="checkbox"/> No	5. <input type="checkbox"/> Yes <input type="checkbox"/> No
6. _____	_____	6. <input type="checkbox"/> Yes <input type="checkbox"/> No	6. <input type="checkbox"/> Yes <input type="checkbox"/> No
7. _____	_____	7. <input type="checkbox"/> Yes <input type="checkbox"/> No	7. <input type="checkbox"/> Yes <input type="checkbox"/> No
8. _____	_____	8. <input type="checkbox"/> Yes <input type="checkbox"/> No	8. <input type="checkbox"/> Yes <input type="checkbox"/> No
9. _____	_____	9. <input type="checkbox"/> Yes <input type="checkbox"/> No	9. <input type="checkbox"/> Yes <input type="checkbox"/> No
10. _____	_____	10. <input type="checkbox"/> Yes <input type="checkbox"/> No	10. <input type="checkbox"/> Yes <input type="checkbox"/> No
11. _____	_____	11. <input type="checkbox"/> Yes <input type="checkbox"/> No	11. <input type="checkbox"/> Yes <input type="checkbox"/> No
12. _____	_____	12. <input type="checkbox"/> Yes <input type="checkbox"/> No	12. <input type="checkbox"/> Yes <input type="checkbox"/> No
13. _____	_____	13. <input type="checkbox"/> Yes <input type="checkbox"/> No	13. <input type="checkbox"/> Yes <input type="checkbox"/> No
14. _____	_____	14. <input type="checkbox"/> Yes <input type="checkbox"/> No	14. <input type="checkbox"/> Yes <input type="checkbox"/> No
15. _____	_____	15. <input type="checkbox"/> Yes <input type="checkbox"/> No	15. <input type="checkbox"/> Yes <input type="checkbox"/> No

***If your apartment exceeds number of units listed, please copy this checklist and attach it to the back of this form upon completion.***

**CHECKLIST COMPLETED BY:**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Building Address:** \_\_\_\_\_

<u>Unit Number/Letter</u>	<u>Date</u>	<u>Smoke Detector</u>	<u>Carbon Monoxide</u>
		<u>Present/Tested</u>	<u>Present/Tested</u>
16. _____	_____	16. <input type="checkbox"/> Yes <input type="checkbox"/> No	16. <input type="checkbox"/> Yes <input type="checkbox"/> No
17. _____	_____	17. <input type="checkbox"/> Yes <input type="checkbox"/> No	17. <input type="checkbox"/> Yes <input type="checkbox"/> No
18. _____	_____	18. <input type="checkbox"/> Yes <input type="checkbox"/> No	18. <input type="checkbox"/> Yes <input type="checkbox"/> No
19. _____	_____	19. <input type="checkbox"/> Yes <input type="checkbox"/> No	19. <input type="checkbox"/> Yes <input type="checkbox"/> No
20. _____	_____	20. <input type="checkbox"/> Yes <input type="checkbox"/> No	20. <input type="checkbox"/> Yes <input type="checkbox"/> No
21. _____	_____	21. <input type="checkbox"/> Yes <input type="checkbox"/> No	21. <input type="checkbox"/> Yes <input type="checkbox"/> No
22. _____	_____	22. <input type="checkbox"/> Yes <input type="checkbox"/> No	22. <input type="checkbox"/> Yes <input type="checkbox"/> No
23. _____	_____	23. <input type="checkbox"/> Yes <input type="checkbox"/> No	23. <input type="checkbox"/> Yes <input type="checkbox"/> No
24. _____	_____	24. <input type="checkbox"/> Yes <input type="checkbox"/> No	24. <input type="checkbox"/> Yes <input type="checkbox"/> No
25. _____	_____	25. <input type="checkbox"/> Yes <input type="checkbox"/> No	25. <input type="checkbox"/> Yes <input type="checkbox"/> No
26. _____	_____	26. <input type="checkbox"/> Yes <input type="checkbox"/> No	26. <input type="checkbox"/> Yes <input type="checkbox"/> No
27. _____	_____	27. <input type="checkbox"/> Yes <input type="checkbox"/> No	27. <input type="checkbox"/> Yes <input type="checkbox"/> No
28. _____	_____	28. <input type="checkbox"/> Yes <input type="checkbox"/> No	28. <input type="checkbox"/> Yes <input type="checkbox"/> No
29. _____	_____	29. <input type="checkbox"/> Yes <input type="checkbox"/> No	29. <input type="checkbox"/> Yes <input type="checkbox"/> No
30. _____	_____	30. <input type="checkbox"/> Yes <input type="checkbox"/> No	30. <input type="checkbox"/> Yes <input type="checkbox"/> No
31. _____	_____	31. <input type="checkbox"/> Yes <input type="checkbox"/> No	31. <input type="checkbox"/> Yes <input type="checkbox"/> No
32. _____	_____	32. <input type="checkbox"/> Yes <input type="checkbox"/> No	32. <input type="checkbox"/> Yes <input type="checkbox"/> No
33. _____	_____	33. <input type="checkbox"/> Yes <input type="checkbox"/> No	33. <input type="checkbox"/> Yes <input type="checkbox"/> No

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**CHECKLIST COMPLETED BY:**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**