

YEAR: _____

Monthly Life Safety Equipment Inspection Log

DATE				RESULTS \ MAINTENANCE
	SMOKE ALARMS	Is there an approved emergency evacuation plan posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	SMOKE FANS	Are extension cords, make shift wiring, heating or cooking devices being used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	FIRE EXTINGUISH.'S	Are corridors and exits free of obstruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	AIR PACK	Are hazardous, combustible materials stored in or near the jail?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	FIRE HOSE	Is there an emergency illumination system in good working order in the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	EXIT LIGHTS	Is there grease build-up in the kitchen and/or inmate living areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	EXIT SIGNS			
SIGN.				
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