



Smoke/CO Alarm Test & Evacuation Log

for the Year _____



Name		Phone #	
Address		City, State, Zip	

Month	Smoke Alarms Tested	CO Alarm Tested	Date	Time	Evacuation Time (< 4min)	# of Occupants	Batteries Changed	Comments	Signed
January	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		
February	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		
March	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		
April	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		
May	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		
June	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		
July	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		
August	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		
September	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		
October	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		
November	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		
December	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		

POST IN CONSPICUOUS LOCATION

When ALL REQUIRED DRILLS have been conducted, maintain the original or copy of the drill record IN
YOUR FILES ONLY for a period not less than 5 years for future reference and verification by
the Office of the State Fire Marshal