Documentation for Life Safety Code Compliance

Monte Engel
Curt Fogel
Sherwin Nelson
Division of Health Facilities
North Dakota Department of Health

LSC compliance:

The routine inspection, testing, and maintenance of building systems is an important component of Life Safety Code compliance.

LSC compliance:

A significant number of deficiencies occur due to the lack of documentation of this inspection, testing, and maintenance.

LSC compliance:

This session will discuss why these deficiencies occur and what you can do to prevent them.

Policies

Fire Emergency Plan:

- Written plan
- Protection of all residents
- Evacuation in an emergency

Fire Plan Includes:

- Use of alarm system
- Transmission of alarm to Fire Dept.
- Response to alarm
- Isolation of fire
- Evacuation of area
- Evacuation of smoke compartment
- Preparation for evacuation
- Fire extinguishment

Smoking Policy

Written smoking regulations:

- Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.

- Smoking by residents classified as not responsible is prohibited, except when under direct supervision.

Smoking Policy

Written smoking regulations:

- Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.
- Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted.

Fire Watch and Notification

- Fire watch required when the fire alarm or sprinkler system is out of service for more than 4 hours in a 24-hour period.
- Health Department must be notified.
- The building must be evacuated, <u>or</u>
- An approved fire watch provided for all parties left unprotected by the shutdown until the fire alarm or sprinkler system has been returned to service.

Fire Watch

- Dedicated and trained personnel
- Personnel cannot be assigned additional duties

FIRE WATCH LOG

A Manual Fire Watch has been initiated by the facility Fire Watch Chief.

Directions: Record the times of observation in the first row of boxes below, then initial the areas assigned to you after providing direct observation during that time. Return the Log to the Fire Watch Chief at the end of your assigned watch period.

Time of Observation:															
Resident rooms															
Resident bathrooms															
Dining Rooms															
Activity rooms															
Lounge areas															
Common bathrooms															
Rehab areas															
Kitchen															
Laundry															
Housekeeping															
Utility rooms															
Storage areas															
All offices															
Beauty parlor															
Basement areas															
Mechanical rooms															
Electrical rooms															
Stairwells															
Receiving area															
Outside areas															

Signature:_____ Title:_____ Initials:_____ Watch Period Began:_____ Ended:_____

Signature:_____ Title:_____ Initials:_____ Watch Period Began:_____ Ended:_____

Signature:_____ Title:_____ Initials:_____ Watch Period Began:_____ Ended:_____

Signature:_____ Title:_____ Initials:_____ Watch Period Began:_____ Ended:_____

Fire Watch Chief Signature:_____ Title:_____ Date and Time Received:_____

Alcohol-based Hand Rub Solutions

- Dispensers must be installed to minimize leaks and spills that could lead to falls.
- Dispensers must be installed to adequately protect against access by vulnerable populations.

Alcohol-based Hand Rub Solutions

- Where dispensers are installed in a corridor, the corridor must have a minimum width of 6 ft.

Alcohol-based Hand Rub Solutions

- Maximum individual dispenser fluid capacity:

  0.3 gallons for dispensers in rooms, corridors, and areas open to corridors

  0.5 gallons for dispensers in suites of rooms

Alcohol-based Hand Rub Solutions

- Dispensers must have a minimum horizontal spacing of 4 ft from each other.

Alcohol-based Hand Rub Solutions

- Not more than 10 gallons of solution may be in use in a single smoke compartment outside of a storage cabinet.

Alcohol-based Hand Rub Solutions

- Storage of more than 5 gallons in a smoke compartment must meet requirements of NFPA 30, *Flammable and Combustible Liquids Code*.

Alcohol-based Hand Rub Solutions

- Dispensers cannot be installed over or directly adjacent to an ignition source.
- Dispensers installed over carpet are permitted only in sprinklered smoke compartments.

Records

Fire Drills

- Fire drills must include transmission of fire alarm signal and simulation of emergency fire conditions.
- Movement of residents is not required.

Fire Drills

- Conducted quarterly on each shift to familiarize staff with the signals and emergency action required under varied conditions.
- Held at unexpected times and under varying conditions to simulate an actual fire.

Fire Drills

- Coded announcement permitted when drills are conducted between 9:00 p.m. and 6:00 a.m.

- Purpose of drill is to test and evaluate the efficiency, knowledge, and response of staff in implementing the fire emergency plan - not to disturb or excite residents.

Fire Drills

Common Deficiencies:

- Fire drills not conducted quarterly on each shift
- Fire drills not held at unexpected times and under varying conditions

Note: Two main reasons fire drills are missed appear to be due to changes in staff and no quality assurance oversight.

FIRE DRILL/ MONTHLY FIRE ALARM TEST DOCUMENTATION FORM

Facility Name:

Month/Year	AM Shift	PM Shift	NIGHT Shift	Monthly Fire Alarm Test Date
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

Fire Alarm System

Health care occupancies must be protected with a fire alarm system.

- Tested monthly
- Serviced annually

Fire Alarm System

Testing:

- May be done with fire drill
- Silent night drill – done separately
- Automatically transmit signal to local fire dept.

Fire Alarm System

Servicing:

- Service performed within one year
- All devices serviced and tested
- Same number each year
- Faulty devices replaced

Fire Alarm System

Common Deficiencies:

- Fire alarm circuit breaker not locked
- Fire alarm circuit not identified/dedicated
- No automatic transmission to fire dept.
- Fire alarm system not tested monthly
- Fire alarm system not serviced annually
- Same number of devices not tested
- Inoperable devices not replaced

SITE:

SPECIAL PROVISIONS

Coverage includes testing, maintenance, parts replacement, including peripherals, and all service calls
during normal business hours on listed equipment less batteries.

SITE:

CONTROL PANEL/CENTRAL PROCESSING UNIT

Serial #
Building: Floor: Area:

Test Performed	Result	Value	Notes
Voltage w/ Charger	Passed		
Voltage w/o Charger	Passed		
Battery % of Charge	Passed		
Battery Age Check	Passed		
Zone Trouble	Passed		
Signal Trouble	Passed		
Type Signal Circuit	Passed		
AC Input Voltage	Passed		
Earth Detection	Passed		
Lamps/LED Test	Passed		
Drill Switch	Passed		
Control Function(s)	Passed		

SITE:

ALARM INDICATING DEVICES

SUMMARY TEST RESULTS

Dev. Type	Description	Total	Number Tested	Number Failed	Number Not Tested
A/V	Audio/Visual Signal Device	32	32	0	0
ANNC	Annunciator	2	2	0	0
ASIG	Audible Signal	1	1	0	0
VSIG	Visual Only Signal	3	3	0	0

DETAIL TEST RESULTS

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
A/V	Nursing Home		ACTIVITIES	7			Tested	Passed
A/V	Nursing Home		ADMIN HALL N	7			Tested	Passed
A/V	Nursing Home		APT DINING RM				Tested	Passed
A/V	Nursing Home		APT EAST LOBBY	7			Tested	Passed

Smoke Detectors

- Smoke detector functional testing and servicing done with annual fire alarm system service.

Smoke Detectors

- Smoke detector sensitivity testing must be done within the first year after installation and every alternate year thereafter. Can be extended to 5 year intervals.

Smoke Detectors

Common Deficiencies:

- Photoelectric smoke detector or rate-of-rise heat detector not located at fire alarm panel/dialer
- Sensitivity testing not done
- Duct smoke detectors not tested
- Same number of detectors not tested
- Detectors not replaced/recalibrated

SITE:

ALARM INITIATING DEVICES

SUMMARY TEST RESULTS

Dev. Type	Description	Total	Number Tested	Number Failed	Number Not Tested
HD	Heat Detector	20	15	0	5
PSD	Photo Smoke Detector	69	69	0	0
PSSA	Pull Station-Single Action	15	15	0	0

DETAIL TEST RESULTS

Dev Type	Building	Floor	Area	Cust Zone	Cust Dev#	Address/ Zone No.	Service Performed	Test Result
HD	Nursing Home		ACTIVITIES N..	7			Tested	Passed
HD	Nursing Home		ACTIVITIES S.	7			Tested	Passed
PSD	Nursing Home		ADMIN HALL N.	2			Tested	Passed
PSD	Nursing Home		ADMIN HALL S.	2			Tested	Passed

Automatic Sprinkler Systems

Sprinkler systems must be:

- Maintained
- Inspected
- Tested

Automatic Sprinkler System

- Serviced annually
- Water flow alarm tested quarterly

Automatic Sprinkler System

Common Deficiencies:

- Flow alarm switch not tested quarterly
- System not serviced annually
- Missing escutcheon plates
- Inadequate number of spare sprinklers
- Orifice on inspectors test
- Sprinkler obstructions

Automatic Sprinkler System

Common Deficiencies:

- Wrong temperature sprinklers
- Lack of coverage: exterior overhangs, coolers, freezers, generator room, electrical room, concealed spaces
- 18” clearance to sprinkler
- No design data name plate
- Ceiling tiles missing – delay activation

REPORT OF INSPECTION

CUSTOMER NO: _____

INSPECTION MONTH AND YEAR: /07

REPORT TO:
STREET:
CITY & STATE:
TELEPHONE:

LOCATION:
INSPECTOR
BRANCH:
DATE:

PHONE NO.

	YES	NA	NO
1. GENERAL			
A. (To be answered by the Owner or Owner's representative)			
a. Have there been any changes in the occupancy classification, machinery or operations since the last inspection?			✓
b. Have there been any changes or repairs to the fire protection systems since their last inspection? ADDED 2ea SHUT OFF'S EVES, TEST CK	✓		
c. If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?			✓
d. Has the piping in all dry systems been checked for proper pitch within the past five years?			✓
Date last checked: _____ (Checking is recommended at least every five years)			
e. Has the piping in all systems been checked for obstructive materials?	✓		
Date last checked: _____ (Shall be every five years)			
f. Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the past 12 months?		✓	
g. Are gravity, surface or pressure tanks protected from freezing?		✓	
h. Are any of the sprinklers 50 years old or older?		✓	
i. Are any extra high temperature solder sprinklers regularly exposed to temperatures near 300° F?		[illegible]	✓ SU
B. (To be answered by the inspector)			
a. Have the sprinkler systems been extended to all visible areas of the building?	✓		
b. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?	✓		
c. Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?	✓		
d. Are all visible exterior openings protected against the entrance of cold air?	✓		
2. CONTROL VALVES			
a. Are all sprinkler system main control valves and all other valves in the appropriate open or closed position?	✓		
b. Are all control valves sealed or supervised in the open position?	✓		

Control Valves	No. of Valves	Type	Easily Accessible		Signs		Valve Open		Secured?		If so, how? (Secured) (Locked) (Supervised)	Supervision Operational	
			Yes	No	Yes	No	Yes	No	Yes	No		Yes	No
CITY													
TANK													
PUMP													
SECTIONAL													
SYSTEM													
ALARM LINE	2	OSY	✓		✓		✓		✓		SUPV	✓	

3 WATER SUPPLIES

a. Water supply source? City _____ Gravity Tank _____

Fire Pump & Tank _____
Fire Pump & City _____
Fire Pump & Pond _____

Water flow Test Results Made During This Inspection

Test Pipe Located	Size Test Pipe	Static Pressure Before	Flow Pressure	Static Pressure After	Test Pipe Location	Size Test Pipe	Static Pressure Before	Flow Pressure	Static Pressure After
MAIN ELECTRIC	1"	68	52	58					

REPORT OF INSPECTION

CUSTOMER NO: _____ INSPECTION MONTH AND YEAR: _____

	Yes	NA	No
4 TANKS, PUMPS, FIRE DEPT. CONNECTIONS			
a. Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?		✓	
b. Are gravity, surface and pressure tanks at the proper pressure and/or water levels?		✓	
c. Are fire department connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?	✓		
d. Are fire department connections visible and accessible?	✓		
5 WET SYSTEMS			
a. No. of systems 1 Make & Model			
b. Are cold weather valves in the appropriate open or closed position?		✓	
If closed has piping been drained?		✓	
c. Has the owner or owner's representative been advised that cold weather valves are not recommended by NFPA?	✓		
d. Have all the antifreeze systems been tested?			✓
e. Date antifreeze systems were tested			
f. The antifreeze tests indicate protection to the following temperatures per system: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____			
g. Did alarm valves, waterflow alarm indicators and retards test satisfactorily?			

	Yes	NA	No
6. DRY SYSTEMS NA			
a. No. of systems _____ Make & Model			
Date last trip tested:			
b. Is the air pressure and priming water levels normal?			
c. Did the air compressor operate satisfactorily?			
d. Were all low points drained during this inspection?			
e. Did all quick opening devices operate satisfactorily?			
f. Did all the dry valves operate satisfactorily during this inspection?			
g. Do dry valves appear to be protected from freezing?			
h. Is the dry valve house heated?			

	Yes	NA	No
7. SPECIAL SYSTEMS NA			
a. No. of systems _____ Make & Model			
Type			
b. Were valves tested as required?			
c. Did all heat responsive systems operate satisfactorily			
d. Did the supervisory features operate during testing?			

Heat Responsive Devices: Type _____ Type of Test _____

Valve No. _____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ Valve No. _____ 1. ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____

Valve No. _____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ Valve No. _____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____

Valve No. _____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ Valve No. _____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____

Valve No. _____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____ Valve No. _____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 ____

Auxiliary Equipment: No. _____ Type _____

Location _____

Test Results _____

	Yes	NA	No
8. ALARMS			
a. Did the water motors and gong operated during testing?		✓	
b. Did the electric alarms operate during testing?	✓		
c. Did the supervisory alarms operate during testing?	✓		
9. SPRINKLERS – PIPING			
a. Do sprinklers generally appear to be in good external condition?	✓		
b. Do sprinklers generally appear to be free of corrosion, paint, or loading and visual obstructions?	✓		
c. Are extra sprinklers available on the premises?	✓		
d. Does the exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory?	✓		
e. Does the hand hose on the sprinkler system appear to be in satisfactory condition?		✓	

Kitchen Hood System

- Comply with UL 300
- Serviced every at least every 6 months
- K-type portable fire extinguisher

Kitchen Hood System

Common Deficiencies:

- Does not meet UL 300
- Gas appliances - no automatic shut off
- Electrical appliances - no automatic shut off
- Not tied to the fire alarm system
- Equipment not located under the hood
- No K-Extinguisher
- K-Extinguisher not properly signed
- System not tested every six months
- Baffle filters not used
- Fusible links not replaced

SERVICE COMPANY

DATE OF SERVICE	TIME	A.M.	P.M.

ANNUAL	SEMI-ANNUAL	RECHARGE	INSTALLATION	RENOVATION
	✓			

LOCATION OF SYSTEM CYLINDERS

UL 300 ☑ YES ☐ NO

MANUFACTURER	MODEL NUMBER	WET	DRY CHEMICAL
Ansul	R-102-3	✓	

CYLINDER SIZE MASTER	CYLINDER SIZE SLAVE	CYLINDER SIZE SLAVE
3 gal		

FUSE LINKS 360° F.	FUSE LINKS 450° F.	FUSE LINKS 500° F	OTHER
	2		

FUEL SHUT-OFF	ELECTRIC	GAS	SIZE
	✓	✓	

SERIAL NUMBER	LAST HYDRO TEST DATE	LAST RECHARGE DATE

MANUFACTURER'S MANUAL REFERENCE

PAGE NUMBER: DRAWING NUMBER: DATE

CUSTOMER

Name

Address

City State NJ ZIP

Telephone Store No.

Owner or Manager

COOKING APPLIANCE LOCATIONS: LEFT TO RIGHT

6-Burner	Grill		

1. All appliances properly covered w/correct nozzles ✓
2. Duct and plenum covered w/correct nozzles ✓
3. Check positioning of all nozzles. ✓
4. System installed in accordance w/MFG UL listing ✓
5. Hood/duct penetrations sealed w/weld or UL device ✓
6. Check if seals intact, evidence of tampering. ✓
7. If system has been discharged, report same E
8. Pressure gauge in proper range (If gauged) E
9. Check cartridge weight (If applicable) ✓
10. Hydrostatic test date ✓
11. 6 year maintenance date ✓
12. Inspect cylinder and mount ✓
13. Operate system from terminal link ✓
14. Test for proper operation from remote ✓
15. Check operation of micro switch ✓
16. Check operation of gas valve ✓
17. Clean nozzles ✓
18. Proper nozzle covers in place ✓
19. Check fuse links and clean E
20. Replaced fuse links ✓
21. Check travel of cable nuts/S-hooks ✓
22. Piping & conduit securely bracketed ✓
23. Proper separation between fryers & flame ✓
24. Proper clearance-flame to filters ✓
25. Exhaust fan in operating order ✓
26. All filters in place ✓
27. Fuel shut-off in on position ✓
28. Manual & remote set/seals in place ✓
29. Replace systems covers ✓
30. System operational & seals in place ✓
31. Slave system operational ✓
32. Clean cylinder & mount ✓
33. Fan warning sign on hood ✓
34. Personnel instructed in manual operation of system ✓
35. Proper hand portable extinguishers ✓
36. Portable extinguishers properly serviced ✓
37. Service & Certification tag on system ✓

NOTE DISCREPANICES OR DEFICIENCIES BELOW

COMMENTS:

On this date, this range hood fire suppression system was inspected and operationally tested in accordance with the fire suppression system requirements of NFPA17 or 17A, 96 and the manufacturer's manual, with the results indicated above.

Portable Fire Extinguishers

- Must be inspected monthly
- Must be serviced annually

MONTHLY FIRE EXTINGUISHER REVIEW

Year _____

ID#	Station	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
	Office												
	Wing1												
	Wing 2												
	SE Exit –												
	Shop Outside NE door												
	Shuttle Bus												
	Laundry Room												
	Outside Kitchen												
	Van												
	Kitchen -												
	Basement -												
	Basement -												
	Basement –												
	Lounge												
	Wing 4 –												
	Wing 4 –												
	Wing 4 –												
	Wing 5 –												
	Wing 3 –												
	Chapel Furnace Room												
	SCU – Air Handler												
	SCU – Entrance												
	SCU – Back Door												
	Receiving Room												
	Kitchen –												

Floor Finish

- Newly installed interior floor finish in corridors and exits - Class I
- Sprinklered smoke compartments - no interior floor finish requirements

Interior Finish

- Interior finish on walls and ceilings:

  Existing – Class A or Class B

  New – Class A

Interior Finish

Class A – Flame spread 0-25
Smoke development 0-450

Class B – Flame spread 26-75
Smoke development 0-450

Interior Finish

- New - Class A or B in rooms not exceeding four persons capacity
- New - corridor wall finish less than 4 ft. in height may be Class A or B

Cubicle Curtains and Draperies

- Draperies, curtains, decorations, etc. must be flame resistant
- Tag or separate documentation
- Laundering and retreating documentation

Furnishings and Mattresses

- Newly introduced upholstered furniture must meet:

  NFPA 261 or sprinklers, and

  ASTM E 1537 or sprinklers

Furnishings and Mattresses

- Newly introduced mattresses must meet:

  16 CFR 1632 or sprinklers, and

  ASTM E 1590 or sprinklers

Generator

- Inspected weekly
- Run monthly under load for 30 minutes

EMERGENCY GENERATOR TESTS 2007

Weekly	3/28											
Monthly under load (30 minutes)	3/28											
Operator												
Start time	7:35AM											
Stop Time	8:05AM											
Elapsed Run Time Min	30											
Oil Pressure/Temp	160											
[redacted] Oil Pressure	75											
Jacket Water Temp	160											
Battery Amperes	OK 5											
Amps Phase I	105											
Volts	75											
Amps Phase II												
Volts												
Amps Phase III												
Volts												
Frequency												
Restoration of Service (time in sec)												
Battery	✓											
Belts	✓											
Hoses	✓											
Oil	✓											
Radiator	✓											

Transfer Switch

- Operated monthly
- Maintenance:
  - checking connections
  - inspection for overheating and contact erosion
  - removal of dust and dirt
  - replacement of contacts

Transfer Switch

- Frequency – per manufacturer
- NFPA 110 suggests:
  - visual inspection and cleaning – annually
  - maintenance – annually (one major maintenance and three quarterly inspections)
  - Major maintenance includes thermographic or temperature scan

Transfer Switch Maintenance Form

Year _____

1st Quarter	Jan Feb Mar	Date _____ Signature _____
2nd Quarter	Apr May Jun	Date _____ Signature _____
3rd Quarter	Jul Aug Sep	Date _____ Signature _____
4th Quarter	Oct Nov Dec	Date _____ Signature _____

Battery Pack Exit Signs

- Exit signs must be continuously illuminated
- Both bulbs in the sign must be functional at all times

Battery Pack Signs/Lighting

- Tested monthly for at least 30 seconds
- Tested annually for a continuous time not less than 90 minutes
- Equipment must be functional for duration of test

Battery Pack Emergency Lighting

- Required at:

  emergency generator

  transfer switch

Monthly Log for Backup Lighting

Battery Pack Lights Test Monthly for 30 seconds

MONTH	1 Unit Dining Room #1	2 Conf. Room Light # 2	3 Tractor Room # 3	4 Tractor Room # 4			MONTHLY Initials	2006
JANUARY								
FEBRUARY								
MARCH								
APRIL								
MAY								
JUNE								
JULY								
AUGUST								
SEPTEMBER								
OCTOBER								
NOVEMBER								
DECEMBER								
SUB-TOTAL								
TOTAL								
MONTH	1	2	3	4			MONTHLY Initials	2007
JANUARY								
FEBRUARY								
MARCH								
APRIL								
MAY								
JUNE								
JULY								
AUGUST								
SEPTEMBER								
OCTOBER								
NOVEMBER								
DECEMBER								
SUB-TOTAL								
TOTAL								

NOTES:

TESTING OF EMERGENCY DEVICES

Paragraph 7.9.3 of NPA 101-2000, Life Safety Code, a functional test shall be conducted on every required emergency lighting system at 30 day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery powered emergency lighting system for not less than 90 minutes. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.

Light number: _____.

Month	Test Duration	Pass/Fail	Action Taken	Initials/Date
January	30 Sec.			
February	30 Sec.			
March	30 Sec.			
April	30 Sec.			
May	30 Sec.			
June	30 Sec.			
July	30 Sec.			
August	30 Sec.			
September	30 Sec.			
October	30 Sec.			
November	30 Sec.			
December	30 Sec.			
Annual Test	90 Min.			

Trouble shooting:

If charge light is off:

a. check that the circuit breaker is on.

b. Check that the battery is properly connected or needs replacing.

If exit sign is not light:

Check to see if the bulbs need to be replaced.

Fire Dampers

- At least every 4 years:

  Fusible links must be removed
  Dampers must be operated
  Latch must be checked
  Moving parts must be lubricated

Battery-Operated Smoke Detectors

- Battery-operated smoke detectors required in resident sleeping rooms and public areas

Battery-Operated Smoke Detectors

- Exceptions:

  Hard-wired AC smoke detection system in resident rooms and public areas

  Sprinkler system throughout

Battery-Operated Smoke Detectors

- Testing, maintenance, and battery replacement:

  Tested weekly

  Batteries changed semi-annually

WEEKLY ROOM SMOKE DETECTOR TEST

ROOM	BATTERY	ROOM	BATTERY	ROOM	BATTERY
201		301		401	
202		302		402	
203		303		403	
204		304		404	
205		305		405	
206		306		406	
207		307		407	
208		309		408	
209		310		409	
210		311		410	
		312		411	
		313		412	
		314		413	
		315		414	
		317		415	
				416	

DATE: NAME: