QUALITY ASSURANCE

Facility Name_____ Year_____

REQUIRED TESTING	JAN	FEB	MAR	APR	MAY	JUNE	JULY	SEPT	OCT	NOV	DEC
Fire Drills											
Fire Drills- Shift Due Quarterly											
Fire Drills- Completed											
Fire Alarm System											
Monthly Fire Alarm Test-Completed											
Annual Fire Alarm Test-Due											
Annual Fire Alarm-Completed											
Sprinkler System											
Quarterly Sprinkler Test-Due											
Quarterly Sprinkler Test-Completed											
Annual Sprinkler Test-Due											
Annual Sprinkler Test-Completed											
Fire Extinguisher											
Monthly Fire Extinguisher Check											
Annual Fire Extinguisher Service-Due											
Annual Fire Extinguisher Service-Completed											
Hood Suppression System											
Semi Annual Hood Suppression-Due											
Semi Annual Hood Suppression-Completed											
Lighting											
Monthly Emergency/Exit Light-Quick Test											
Annual Emergency/Exit Light-Due											
Annual Emergency/Exit Light-Completed											
Doors											
Monthly Corridor Door Check											
Monthly Magnetic Lock Test											