QUALITY ASSURANCE

Facility Name_____ Year_____

REQUIRED TESTING	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	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												