

FIRE PREVENTION MONTHLY LOG

For Year: _____

FIRE DAMPER INSPECTION MAINTENANCE LOG

Name of Occupancy: _____

Address: _____ Community: _____

Main Building: ☐ Yes ☐ No Name of Ancillary Building: _____
(if applicable)

FIRE DAMPER LOCATION OR NUMBER: _____

MONTH	DATE	CONDITION		REMEDIAL ACTION	COMMENTS	INITIALS
		Satisfactory	Un-satisfactory			
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

Annual Test Date: _____

Done By: _____