

FIRE PREVENTION MONTHLY LOG

For Year: _____

FIRE DOOR MAINTENANCE LOG

Name of Occupancy: _____

Address: _____ Community: _____

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

DOOR LOCATION OR NUMBER: _____

DATE	CONDITION		REMEDIAL ACTION	COMMENTS	INITIALS
	Satisfactory	Un-satisfactory			

Annual Test Date: _____

Done By: _____