

## Adult Only Buildings/Monthly Inspection

Location:	Date:
Inspected By:	

### Inspected Items

Ensure **Monthly Checks** of Fire Extinguishers and Emergency Lighting:

Month	Date	Initial
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		
July		
August		

**\*\*NOTE:**

*Any deficiencies should be noted by submitting a Service Request.*

Name:	Signature:	Date:
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Principal/Supervisor