

COVID-19 QUICK CHECKLIST: UNOCCUPIED FACILITY

INTERIOR (CONT'D)	DATE:					
C) ARE THE SMOKE AND CARBON MONOXIDE DETECTORS OPERATIONAL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) ARE THE FIRE EXTINGUISHERS IN PLACE AND SERVICED WITH A CURRENT TAG?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) IS THE EMERGENCY LIGHTING OPERATIONAL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. BEFORE DEPARTURE: IS THE WATER TURNED OFF? ARE ALL WATER LINES DRAINED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE COMPLETE IF YOU HAVE ANY OF THESE FOLLOWING:

OTHER FACILITIES	MONTH:					
1. ARE OUTBUILDINGS LOCKED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. IS THE ELECTRICAL ROOM LOCKED? (IF IT DOES NOT INCLUDE A FURNACE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. IS THE CRAWL SPACE LOCKED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. ARE CUSTODIAL AREAS LOCKED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. IS THE ATTIC LOCKED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. ARE STORAGE AREAS LOCKED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE OF INSPECTION:						
INSPECTION CONDUCTED BY (INITIALS):						