

**Human Resources Center, Inc.
Life Sharing Program
Monthly Systems Check**

Provider Name: _____ **Date:** _____

ALL SMOKE/CARBON MONOXIDE DETECTORS AND FIRE EXTINGUISHERS MUST BE TESTED/CHECKED MONTHLY!

Smoke Detector Location:	Operable (please check one)	In-operable
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If in-operable, please note plan of correction:

Carbon Monoxide Detector Location	Operable	In-operable
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fire Extinguisher Location	Operable	In-operable
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If In-operable (needs recharge), please note plan of correction:

Provider Signature

