Appendix I - Maintenance Reference

Sign/initial relevant checkbox when testing completed

Year _____

Key: ✓ **Acceptable** ✘ **Fault**

Fire Systems: at least one test per month, all tests completed annually	Appendix	Previous Recorded	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Dome (Smoke)	B													
Entrance (Break Glass)	B													
Hall (Smoke)	B													
Kitchen (Heat)	B													
Lecture Room (Smoke)	B													
Office (Smoke)	B													
Under Stairs (Smoke)	B													
Workshop (Smoke)	B													
Battery Condition	B													
Supply Failed Operation Integrity	B													

Monthly (at least)	Appendix	Previous Recorded	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Observatory Inspection	-													
Defibrillator & Fire Extinguishers	C													
Emergency Lights	H													

Every Three Months (at least)	Appendix	Previous Recorded	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Barrier Integrity	D													
Circuit Breakers: Lecture Room	E													
Circuit Breakers: Office	F													
Circuit Breakers: Optics Store	G													