



### RAFA Apartment Monthly Health and Safety Check

Date: \_\_\_\_\_

Apartment Complex and Number: \_\_\_\_\_

	"X" if in compliance	Comments
Fire extinguisher		
Smoke Detector		
CO2 Detector		
First Aid kit		
Door and window locks working		
Furniture		
Emergency contact sheet posted		
Disaster plan		
Flashlight		
Appliances		

Staff Name and Signature: \_\_\_\_\_

<p>Assigned to: _____ Date assigned: _____ Due date: _____</p> <p><b>Action Taken (include any additional work that was done):</b></p>    	<p>Completed by: _____</p> <p>Date completed: _____</p> <p>Hours taken: _____</p> <p>Maintenance Request Form Distribution:</p> <ul style="list-style-type: none"> <li>• Original to Maintenance</li> <li>• Requestor to keep copy</li> </ul>
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