



2700 E Dublin Granville Road, Columbus Ohio 43231
 Email : info@ecsohio.org.

Monthly Safety Checklist

Resident Name (s) Completed by (Name)

Resident Address:..... Service Co—ordinator :

Date Completed Date Submitted to SC.....

If No: List concerns, corrective action taken and /or additional supports needed. Also, complete additional information requested below
Continue on the back of this form if additional space is needed

Safety Item **Y** **N**

All walk areas to exits are clear and free of clutter			
At least one bedroom egress window has clear access for emergency e egress			
Fire extinguishers are present fully charge inspected and tagged			Inspection Month & Year on the tag /.....
All smoke detectors are present and working order (Inspected & tested)			# Of smoke detectors in the home Inspected /tested on.... /...../..... by (Initials)
Dryer lint traps are free from lint build up			
Stove and range exhaust hood are free from greased build up			
Safe smoking practices are observed			
The home is clean			
Unmet maintenance needs?			
Fire Drill Completed			Date: Shift: Result:

Notes related to properties owned by **Creative Housing** (Does not apply to CH Rent Subsidy apartments)

Email Maintenance requests in **Creative Housing** (Does not apply to CH Rent Subsidy apartments)

Email Maintenance requests in **Creative Housing** properties to maintenance @creative housing .org

In case of a False Fire Alarm in **Creative Housing** properties

1. Wait by the phone. The monitoring company will be calling the house to identify potential false alarms.
2. Answer the phone immediately **OR THE FIRE DEPARTMENT WILL BE DISPATCHED**. When speaking with the monitoring company provide the following information (a) that the alarm is a false alarm (b) what triggered the alarm (c) your name
3. Reset the system panel per directions mounted by the panel

PLEASE SUBMIT COMPLETED FORM TO ASSIGNED SERVICE CO-ORDINATOR WITHIN 5 DAYS OF COMPLETION