IDAHO DEPARTMENT OF HEALTH & WELFARE

CERTIFIED FAMILY HOME FIRE PREPAREDNESS INSPECTION LOG

CFH Provider _____ Date _____

Monthly Smoke Detector Test date & results		Quarterly Fire Extinguisher Examine & tag initialed		Quarterly Fire Drills Conduct & document		Six-Month Review Emergency Preparedness	
600.07a		600.07.b		600.05.		600.04	
DATE & YEAR	INITIAL	DATE & YEAR	INITIAL	DATE & YEAR	INITIAL	DATE & YEAR	INITIAL
JAN.		*JAN.*		*JAN.*		*JAN.*	
FEB.		*FEB.*		*FEB.*		*FEB.*	
MAR.		*MAR.*		*MAR.*		*MAR.*	
APR.		*APR.*		*APR.*		*APR.*	
MAY		*MAY*		*MAY*		*MAY*	
JUN.		*JUN.*		*JUN.*		*JUN.*	
JUL.		*JUL.*		*JUL.*		*JUL.*	
AUG.		*AUG.*		*AUG.*		*AUG.*	
SEPT.		*SEPT.*		*SEPT.*		*SEPT.*	
OCT.		*OCT.*		*OCT.*		*OCT.*	
NOV.		*NOV.*		*NOV.*		*NOV.*	
DEC.		*DEC.*		*DEC.*		*DEC.*	
JAN.		*JAN.*		*JAN.*		*JAN.*	
FEB.		*FEB.*		*FEB.*		*FEB.*	
MAR.		*MAR.*		*MAR.*		*MAR.*	
APR.		*APR.*		*APR.*		*APR.*	
MAY		*MAY*		*MAY*		*MAY*	
JUN.		*JUN.*		*JUN.*		*JUN.*	
JUL.		*JUL.*		*JUL.*		*JUL.*	
AUG.		*AUG.*		*AUG.*		*AUG.*	
SEPT.		*SEPT.*		*SEPT.*		*SEPT.*	
OCT.		*OCT.*		*OCT.*		*OCT.*	
NOV.		*NOV.*		*NOV.*		*NOV.*	
DEC.		*DEC.*		*DEC.*		*DEC.*	