



FIRE & LIFE SAFETY CHECKLIST

The following are the Pre-move in requirements:

| | | | |
|--|----------------------------------------------------------|--------------------------------|----------------------------------|
| | One (1) 10 lbs. fire extinguisher | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Smoke detector and sprinklers | <input type="checkbox"/> CLEAR | <input type="checkbox"/> COVERED |
| | Orientation on fire exit location | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Orientation on electrical appliances | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | House Rules orientation on fire & life safety | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Signed By:

Date: _____

SIGNATURE OVER PRINTED NAME
Unit Owner

Date: _____

SIGNATURE OVER PRINTED NAME
Tenant

Note: Please sign and submit One (1) copy to the PMO office as part of the move-in requirements.