

# Executive Order G-70-187 Exhibit 2 Figure 6

## MONITOR MAINTENANCE LOG SHEET

FACILITY	SUPERVISOR / CONTACT NAME
ADDRESS	(      ) FACILITY PHONE NUMBER
CITY	STATE    ZIP CODE
INSTALLATION DATE	

Date & Time of Alarm	Type of Alarm	Date & Time Maintenance Called	Date Maintenance Performed	Maintenance Contractor: Phone: (      )
Date: _____	<input type="checkbox"/> Vacuum:	Date: _____	Date: _____	Maintenance Performed
Time: _____	<input type="checkbox"/> Vent:	Time: _____		A. Test(s) Conducted:
Comments:				B. Test Results: (Attach Additional Sheets If Needed)
				C. Component(s) Repaired or Replaced: