

Executive Order G-70-186

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:



Healy Systems, Inc.