

MONTHLY FIRE AND STORM LOG

USE S for Storm
F for Fire

Day Care Provider's Name _____

A flashlight and portable radio/TV must be available for emergencies.

Address _____

Phone _____

Year _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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