

Annual Door Closure Testing

Property: _____

Date: _____

Inspected By: _____

Apt #	Sticker Attached to Door Closure	Door Closure Detached	Door Closure needs Adjusting	Door closure Missing	Closes & Latches
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No

