

Smoke Alarm Installation/Operation Verification Form

Date of Test: _____

I (owner or owner's representative) installed and/or tested the smoke alarm(s) at:

Address: _____

Unit or Apartment #: _____

City, Province: Kingsville, Ontario

Floor Level:	# of Smoke Alarms:	Location:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The smoke alarm(s) were in working order upon completion of the installation and/or test.

Owner or Owner's Representative: (i.e. Property Manager, Superintendent)	_____
	Phone Number
_____	_____
Please Print Name	Signature

Tenant or Occupant	_____
	Phone Number
_____	_____
Please Print Name	Signature

Other Information:

