

Smoke Alarm/ Carbon Monoxide Alarm Installation/Operation Verification Form

Date of testing:

On: _____

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

Address: _____

Unit or Apartment #: _____

City, Province: Brantford, Ontario

Location:	Location of Smoke Alarm(s):	Age of Device or Replacement Date:	Location of Carbon Monoxide Alarm(s):	Age of Device or Replacement Date:
Basement				
1 st Floor				
2 nd Floor				

The smoke alarm(s) and/or carbon monoxide alarm(s) were in working order upon completion of the installation and /or test and are all within the replacement dates required by the Ontario Fire Code.

Owner or Owner's Representative:
(ie. Property Manager, Superintendent)

(Signature)

(Please print name)

(Phone number)

Tenant or Occupant:

(Signature)

(Please print name)

(Phone number)