

# Smoke Alarm Installation/Operation Verification Form

Date of testing:

On: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Unit or Apartment #: \_\_\_\_\_

City, Province: Brantford, Ontario

**Location: # of Smoke Alarms:**

Basement \_\_\_\_\_

1<sup>st</sup> Floor \_\_\_\_\_

2<sup>nd</sup> Floor \_\_\_\_\_

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

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
(Phone number)

Tenant or Occupant:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
(Phone number)