

RECORD OF SMOKE ALARM TESTS
Building Common Areas

Property Address: _____

Owner of Property: _____

**Name of Tester and
Relation to Property
(owner, manager, agent):** _____

Signature of Tester: _____ **Date:** _____

Telephone Number of Tester: _____

**Alarm tested by depressing test button per manufacturer's specifications.
If Alarm is inoperable or has visible defects or damage, Alarm replaced.**

<u>Location of Smoke Alarm</u>	<u>Tested</u>	<u>Check if Battery Replaced</u>	<u>Check if Alarm Replaced</u>
<i>Basement:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Front Hallway:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Back Hallway:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Additional Alarm Location:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Additional Alarm Location:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>