

# Smoke Alarm/ Carbon Monoxide Detector 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 detector(s) at:**

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

\_\_\_\_\_

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

City, Province: \_\_\_\_\_

| Location:             | # of Smoke Alarm(s): | Location of Carbon Monoxide Detector(s): |
|-----------------------|----------------------|--|
| Basement              | _____                | _____                                    |
| 1 <sup>st</sup> Floor | _____                |  |
| 2 <sup>nd</sup> Floor | _____                |  |
| _____                 | _____                |  |

**The smoke alarm(s) and/or carbon monoxide detector(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)