

SMOKE DETECTOR INSPECTION

Date _____

Tenant _____

Address _____

Number Of Smoke Detectors In Unit _____

Number Of Detectors On Main Floor _____

Number Of Smoke Detectors In Basement _____

Detectors Missing _____

Batteries Missing _____

Batteries Replaced _____

Number Of Smoke Detectors In Working Order At
Start Of Inspection _____

Number Of Smoke Detectors In Working Order At
End Of Inspection _____

Number Of Carbon Monoxide Detectors _____
And Location _____

Other Actions/Notices _____

The above address was inspected for smoke detectors and carbon monoxide detectors on this date and i witness all are in good working order at this time. I agree not to remove detectors or batteries and will inform landlord of any non-working detectors.

Tenant Signature

Date