Smoke Alarm  
Installation/Operation Verification Form

Date of Test: ______________________________________

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

Address:  
________________________________________
________________________________________
________________________________________

Unit or Apartment #:  __________________________

City, Province:  Kingsville, Ontario

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<tr>
<th>Floor Level:</th>
<th># of Smoke Alarms:</th>
<th>Location:</th>
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The smoke alarm(s) were in working order upon completion of the installation and/or test.

Owner or Owner’s Representative:  (i.e. Property Manager, Superintendent)  Phone Number

____________________________  ______________________________
Please Print Name  Signature

Tenant or Occupant  Phone Number

____________________________  ______________________________
Please Print Name  Signature

Other Information:
____________________________
____________________________
____________________________
____________________________