

SMOKE ALARM TEST

Date: _____ Tenant's Name _____

Address _____ Unit No. _____

Date Smoke Alarm Tested _____

Smoke Detector Type: **Battery Operated** _____ **Electrical** _____

Individual conducting the Test _____

The smoke Alarm at the above location

	Yes	No
Is securely fastened to the wall or ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Shows no visible sign of damage	<input type="checkbox"/>	<input type="checkbox"/>
Was tested and found to be in proper working order	<input type="checkbox"/>	<input type="checkbox"/>
No visible signs of paint or build – up of grease/dirt	<input type="checkbox"/>	<input type="checkbox"/>
The tenant was provided with smoke detector operating instructions, (verbal or written) and advised of their responsibility to regularly test the smoke detector. Further the tenant was instructed to advise the landlord or building supervisor immediately should the smoke detector become defective and or require repairs.	<input type="checkbox"/>	<input type="checkbox"/>

The Ontario Fire Code states that “no person shall intentionally disable a smoke alarm so as to make it inoperable” A tenant or any other person who intentionally disables a smoke alarm (ie removing the battery or disconnecting the alarm) is guilty of a provincial offence and may be subject to a fine, imprisonment or both.

I acknowledge that the smoke alarm was tested as indicated above and understand that it is my responsibility as the tenant to notify the building owner or his designate should the smoke alarm(s) require maintenance. Further I understand that it is my responsibility to test this smoke detector on a monthly basis and report any problems or deficiency immediately to the building owner or his designate.

Tenant

Owner or owners designate

Date: _____