

**HOUSEHOLD CARBON MONOXIDE DETECTOR INSTALLATION CHECKLIST**

**Property Information**

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**General**

Building type:

- New
- Existing
- Renovation

Installation requirement:

- New
- Existing
- Renovation
- Sale of home
- Other \_\_\_\_\_

- Yes  No  Instructions on maintenance provided to the owner
- Yes  No  Instructions on notifying emergency services on activation provided to the occupant
- Yes  No  CO detector listed for use
- Power: ac  dc  ac/dc
- Yes  No  Interconnected
- Yes  No  Connected to fire alarm system
- Yes  No  Supervisory signal tested
- Yes  No  CO detectors located outside each sleeping area
- Yes  No  CO detectors installed per manufacturer's instructions

Comments:

**Approval**

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Yes  No

If no, reason(s):

**Notes:**