

HOUSEHOLD SMOKE ALARM 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 Smoke alarm listed for use
Power:  ac  dc  ac/dc
 Yes  No Interconnected
 Yes  No Connected to fire alarm system
 Yes  No Smoke alarm(s) outside each sleeping area
 Yes  No Smoke alarm(s) on each floor
 Yes  No Smoke alarm(s) inside each bedroom (required in new construction)
 Yes  No Smoke alarm(s) audible throughout all occupied areas
 Yes  No If wall mounted, smoke alarm(s) installed a minimum of 4 inches from the wall or ceiling
 Yes  No If wall mounted, smoke alarm(s) located no more than 12 inches from the ceiling

Comments:

[Empty box for comments]

Approval

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

Approved  Yes  No

If no, reason(s):

[Empty box for reasons if not approved]