

INTERCONNECTED SMOKE ALARM REPORT

FOR

(ADDRESS)

A TEST OF THE INTERCONNECTED SMOKE ALARM SYSTEM WAS COMPLETED ON _____ (date) IN ACCORDANCE WITH 9.5.4.4.(1) OF THE ONTARIO FIRE CODE. ALL DETECTORS AND PULL STATIONS WERE TESTED AND FOUND TO BE IN PROPER OPERATING CONDITION. THE SYSTEM WAS PUT BACK INTO OPERATING CONDITION AFTER THE TEST.

SIGNATURE

POSITION/TITLE

Note: Form to be returned to Cambridge Fire Dept. Fire Prevention Division