

SUITE SMOKE ALARM REPORT

FOR

(ADDRESS)

ALL APARTMENT SUITES (SEE ATTACHED FORM) HAVE SMOKE ALARMS THAT HAVE BEEN INSPECTED TO ENSURE PROPER OPERATION AND MAINTENANCE AS OUTLINED IN SUBSECTION 6.3.3. OF THE ONTARIO FIRE CODE. DEFECTIVE SMOKE ALARMS HAVE BEEN REPLACED AND NEW BATTERIES HAVE BEEN INSTALLED WHERE NECESSARY.

SIGNATURE

POSITION/TITLE

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

