



Smoke Alarm Inspection & Test Report ANNUAL VERIFICATION REPORT

I CERTIFY THAT (check all that apply)

- ALL BEDROOM(S) HAVE AT LEAST A BATTERY OPERATED SMOKE ALARM INSIDE
- AN ELECTRICALLY WIRED SMOKE ALARM IS OUTSIDE EACH BEDROOM
- ALL OF THE ABOVE NOTED SMOKE ALARMS HAVE BEEN TESTED & ARE IN WORKING CONDITION
- ALL SMOKE ALARMS ARE LESS THAN 10 YEARS OLD

<p>NAME AND ADDRESS OF BUILDING: _____ (ONE FORM PER BUILDING)</p> <p>_____</p> <p>_____</p>
<p>SMOKE ALARM INSPECTED BY: <input type="checkbox"/> OWNER <input type="checkbox"/> MANAGER <input type="checkbox"/> CONTRACTOR</p>
<p>Name & Mailing Address: _____</p> <p>_____</p> <p>_____</p>
<p>Telephone #'s: _____</p>

DATE OF INSPECTION/TEST

SIGNATURE

RETURN COMPLETED FORM TO:

Coral Gables Fire Dept./Fire Prevention Division
2815 Salzedo Street, Coral Gables, Florida 33134
Email: fireprevention@coralgables.com
Fax: 305-460-5598