

SMOKE, CO, HEAT DETECTION RECORD OF COMPLETION 1-2 FAMILY

To be completed by the installer of fire protection system

1. PROPERTY INFORMATION

Property Owner: _____

Address: _____

Phone: _____

Description of property: Single Family Two Family

Attached garage: yes no

2. INSTALLATION AND TESTING CONTRACTOR INFORMATION

Installation contractor: _____

Address: _____

License or certification number: _____

Phone: _____ E-mail: _____

3. DESCRIPTION OF SYSTEM

Unsupervised smoke detection system Supervised smoke detection system

New Single Family Installation New Two-Family Installation Existing Dwelling Installation

Are all initiating devices interconnected? Yes No

If No, explain: _____

4. ALARM INITIATING DEVICES(Type and Number)

a. Smoke Detectors:

Photoelectric: Number: _____ Model: _____ Year Manufactured: _____

Photoelectric/Ionization: Number: _____ Model: _____ Year Manufactured: _____

b. Carbon Monoxide Detectors: Number: _____ Model: _____ Year Manufactured: _____

c. Combination Smoke/CO Detectors: Number: _____ Model: _____ Year Manufactured: _____

d. Heat Detector: Number: _____ Model: _____ Year Manufactured: _____

5. CERTIFICATIONS AND APPROVALS

a. Installation Contractor:

This system, as specified herein, has been installed and tested according to the NFPA 72 and NFPA 70 standards referenced in the current edition of 780 CMR (Massachusetts State Building Code)

Signed _____ Printed Name: _____ Date: _____

b. Property Owner or Representative:

Signed _____ Printed Name: _____ Date: _____

c. Building Official: I have received completion report and found type and location of initiating devices to be in compliance with 780 CMR.

Signed _____ Printed Name: _____ Date: _____