

**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: \_\_\_\_\_