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| Insert Logo  Here | Service Company Information  (Address, Telephone, & Contact Information | | CAN/ULC-S552-14 APPENDIX C (INFORMATIVE)  **SMOKE ALARM INSPECTION, TESTING AND MAINTENANCE RECORD**  (Reference: Clause 4.2.1) | | | | | | |
| **Date of Service:** | | **Last Service Date:** | | | | |
|  | |  | | | | |
| **Monthly** | **Annual** | | | | **Special Inspection** | |
| **Building Name:** | | | **Contact Person:** | | | **Phone:** | | |  |
|  | | |  | | | **Fax:** | | |  |
| **Address:** | | | **Owner/Strata Number:** | | | **Phone:** | | |  |
|  | | |  | | | **Fax:** | | |  |
| **City:** | | **Postal Code:** | **Technician Conducting Testing:** | | | | **Certification Number:** | | |
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| NOTES:   * Hardwired smoke alarm should be tested at least once every month. * Tamper-proof smoke alarms with 10-year batteries should be tested at least once every month. * Battery operated smoke alarms should be tested once every month, and/or when the premises are vacant for 7 days. * All smoke alarms should be tested upon change of occupancy. * Frequency of testing should be in accordance with the manufacturer’s published instructions or the authority having jurisdiction. | | |
| The information on this form (and in the documents attached here-to) attest to the fact that the equipment listed here-in was tested/inspected in conformance with applicable codes, bylaws, standards, and the manufacturer’s requirements by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked “Remarks” or “Additional Remarks”. A copy should be maintained on the premises in accordance with NFC 2015 Division C Clause 2.2.1.2. | | |
| SMOKE ALARM MAINTENANCE AND TESTING (refer to CAN/ULC-S552-14 Section 5 for additional details on the required inspection, testing and maintenance):   * The exterior of the smoke alarm shall be vacuumed with a household vacuum cleaner. A brush attachment may assist in removing accumulated dust on the cover (Clause 5.2.3.1). * Battery operated smoke alarm shall be inspected to ensure that the battery is security connected to the battery clips (Clause 5.2.3.3). * The smoke alarm battery shall be inspected to ensure that it is the correct recommended by the manufacturer (Clause 5.2.3.4). * AC operated smoke alarms shall be inspected to ensure that all wiring is securely connected (Clause 5.2.3.5). * The operability of the smoke alarm shall be confirmed by activating the test button or in accordance with the manufacturer’s published instructions and with the requirements of local regulations or by-laws (Clause 5.2.3.6). * The following tasks shall be performed for interconnected smoke alarms (Clause 5.2.3.7):   1. Each smoke alarm shall be tested while supplied with primary power to confirm audibility at each of the interconnected smoke alarms; and   2. Each smoke alarm shall be tested while on emergency power, where provided, to confirm audibility at each of the interconnected smoke alarms. | Service Company |  |
| **Technician Signature** |

1Type - Smoke Alarm (SA), Heat Alarm (HA), Visual Alarm (VA), Carbon Monoxide Detector (CO), Combination Smoke Alarm/CO Detector (COS)

2Power source - Battery (BA), AC powered (AC), Dual Battery/AC Powered (DU)

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| **Indicate Suite Number (where applicable)** | | | **TEST, INSPECTION, CLEANING & MAINTANCE RECORD** | | | | | | | |
| Date of  Inspection  (MM/DD/YYYY) | | Location /  Suite Number | Type1 | Power  Source2 | Cleaned  &  Tested  (Y / N) | Installation  Date  (MM/DD/YYYY) | Visual Inspection / Observations | Maintenance  Required  (Y / N) | Remarks (refer to additional notes itemized below) | Tenant /  Resident  Signature |
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| **Note #** | **Additional Remarks** | | | | | | | | | |
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CAN/ULC-S552-14 APPENDIX C (INFORMATIVE)

**SMOKE ALARM INSPECTION, TESTING AND MAINTENANCE RECORD**

1Type - Smoke Alarm (SA), Heat Alarm (HA), Visual Alarm (VA), Carbon Monoxide Detector (CO), Combination Smoke Alarm/CO Detector (COS)

2Power source - Battery (BA), AC powered (AC), Dual Battery/AC Powered (DU)

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| **Indicate Suite Number (where applicable)** | | | **TEST, INSPECTION, CLEANING & MAINTANCE RECORD** | | | | | | | |
| Date of  Inspection  (MM/DD/YYYY) | | Location /  Suite Number | Type1 | Power  Source2 | Cleaned  & Tested  (Y / N) | Installation  Date  (MM/DD/YYYY) | Visual Inspection / Observations | Maintenance  Required  (Y / N) | Remarks (refer to additional notes itemized below) | Tenant /  Resident  Signature |
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| **Note #** | **Additional Remarks** | | | | | | | | | |
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