



SMOKE ALARM INSPECTION AND TEST 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 AND ARE IN WORKING CONDITION.
- ☐ ALL SMOKE ALARMS ARE LESS THAN 10 YEARS OLD.

NAME AND ADDRESS OF BUILDING: _____
[ONE FORM PER BUILDING] _____

SMOKE ALARMS INSPECTED BY: ☐ OWNER ☐ MANAGER ☐ CONTRACTOR

NAME AND MAILING ADDRESS: _____

TELEPHONE: _____

DATE OF INSPECTION/TEST

SIGNATURE

RETURN COMPLETED FORM TO:

MIAMI-DADE FIRE-RESCUE DEPARTMENT
FIRE PREVENTION DIVISION

ATTENTION: _____

FAX: _____

E-MAIL: _____