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

To be completed by the installer of fire protection system

1.	PROP	ERTY INFORMATION	1					
	Proper	ty Owner:						
		55:						
	Phone:							
	Descri	ption of property: 🗆 S						
	Attached garage: □yes □no							
2.	INSTA	LLATION AND TESTI	NG CONTRACTOR I	VFORMATION	•			
	Install	ation contractor:						
	Address:							
	License or certification number:							
		•						
3.	DESCR	IPTION OF SYSTEM		-				
	□Unst	Ounsupervised smoke detection system □Supervised smoke detection system						
	□New	New Single Family Installation ☐ New Two-Family Installation ☐ Existing Dwelling Installation						
		Are all initiating devices interconnected? □Yes □No						
	If No, explain:							
4.	ALARN	INITIATING DEVICE	ES(Type and Numbe	er)				
		Photoelectric: Number: Model:Year Manufactured:						
					ar Manufactured:			
	b.;	Carbon Monoxide De	etectors: Number:	Model:	Year Manufactured:	_		
	C.	Combo Smoke/CO D	Detectors: Number: _	Model:	Year Manufactured:	~~		
	đ.	Heat Detector: Num	iber: Model: _	Year M	anufactured:			
5,	CERTIFICATIONS AND APPROVALS							
	a.	a. Installation Contractor:						
		This system, as specified herein, has been installed and tested according to NFPA 72 and NFPA						
		70 standards referenced in the current edition of 780 CMR (Massachusetts State Building Code).						
	٠	Signed	Printed	Name:	Dat	e:		
	b.	b. Property Owner or Representative:						
		,						
		Signed:	Printe.	1 Name:	Dav	to,		

C.	found type and location of initiating devices to be in compliance with 78 NFPA 72.				
	Signed:	Printed Name:	Date:		
	Fire Official: I have witnessed operation of and/or received completion report and found ion of initiating devices to be in compliance with 780 CMR and NFPA 72.				
	Signed:	Printed Name:	Date:		

Note: If the installation is not defined as a "system" then the testing of the fire alarm is afforded to be witnessed by the individual in Section 5.b.