# SMOKE ALARM LOG

Building Address: _____

Owner's/Caretaker's Name: _____

Owner's/Caretaker's Signature: _____

| DATE YR/MO/DAY | SUITE NO. | TENANT'S NAME (Print) | SMOKE ALARM CLEANED, INSPECTED & TESTED SATISFACTORY | NEW SMOKE ALARM INSTALLED* | SMOKE ALARM REGULATIONS PROVIDED | TENANT'S SIGNATURE (Optional) | OWNER/CARETAKER'S CONTRACTOR'S INITIALS |
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* **The Winnipeg Fire Paramedic Service strongly recommends that smoke alarms be replaced after ten (10) years.**