BOONE FIRE DEPARTMENT

SMOKE/FIRE DETECTOR ANNUAL INSPECTION REPORT

***NOTE: This report is specific to Local Alarm, Battery or Hard Wired smoke/fire detectors. All systems containing a Alarm Panel and connected to a Monitoring Company require a Licensed Service Company inspection and report.**

- **Property/Complex Name_____**
- **Address_____ Bldg. #_____**
- **Owner/Management_____**
- **Address_____**
- **Phone Number ( )_____ Emergency Contact _____**

- **Number of Apartments_____**

Number of Devices	Pass	Fail	
_____	_____	_____	ION DETECTORS
_____	_____	_____	PHOTO DETECTORS
_____	_____	_____	HEAT DETECTORS

Date Failed Detectors Resolved _____

How Resolved: New Battery _____ New Unit _____ Other _____

NOTES:_____
_____

Name of service personnel_____ Signature_____

****Upon receipt, this form shall be completed and returned within 30 days****

****Until the receipt of this annual inspection form, the facility will be in violation of North Carolina Fire Prevention Code Section 907****

ATTACH A COPY OF THE CERTIFIED EXTINGUISHER COMPANY ANNUAL SERVICE REPORT PER NORTH CAROLINA FIRE PREVENTION CODE SECTION 906