

SMOKE DETECTOR SENSITIVITY TEST REPORT

Page ____ of ____

Service company name _____
 Company Address _____
 Phone Number _____

Property Name		
Property Address		
Property contact person		Phone
Signature of contact person (indicates that copy of test form has been left at property)		
Test Method #1 (Listed control panel test; Listed electronic tester; Listed atmospheric tester)		
Tester Make and Model #	Serial #	Date calibrated
Test Method #2 (Listed control panel test; Listed electronic tester; Listed atmospheric tester)		
Tester Make and Model #	Serial #	Date calibrated
Name of service company technician		Date

ID#	Location	Brand/ Model	A/C	TM#	Listed Sens.	Tested Sens.	P/F	Comments

TM = Test Method A/C = Addressable or Conventional P/F = Detector pass or fail

SMOKE DETECTOR SENSITIVITY TEST REPORT

Service company name _____
 Company Address _____
 Phone Number _____

Property Name	Date
Property Address	

ID#	Location	Brand/ Model	A/C	TM#	Listed Sens.	Tested Sens.	P/F	Comments

TM = Test Method A/C = Addressable or Conventional P/F = Detector pass or fail