PORTLAND FIRE & RESCUE

Jo Ann Hardesty, Commissioner
Sara Boone, Fire Chief
AJ Jackson, Fire Marshal
Prevention Division
1300 SE Gideon Street
Portland, OR, 97202
Phone: (503) 823-3770

Smoke Alarm Test Report Form

Business Name: _____

Physical Address: _____

Mailing Address: _____

Owner / Agent: _____

Phone: _____ Email: _____

In accordance with *FIR 6.10 - Abating Smoke Alarm Violations*: The owner of a multi-family dwelling of three or more units, or their authorized agent, will ensure the testing of all smoke alarms are completed within each dwelling unit at a minimum of every six months. The authorized agent will document at least one of those tests on an annual basis. Written documentation of this testing shall be maintained and presented when requested by this office.

This form may be used as a record of the required smoke alarm testing. Enter the name of the individual or company conducting the smoke alarm test and have the owner/authorized agent sign and date the report verifying the information is correct. **NOTE:** Multiple units may be listed on one line.

Test Date	Testing Completed By	Unit(s) Tested

Owner/Agent Signature: _____ **Date:** _____

Test Date	Testing Completed By	Unit(s) Tested

Owner/Agent Signature: _____ **Date:** _____