



TO RE-ORDER CALL YOUR LOCAL ASSOCIATION



**ADDENDUM J**  
**SMOKE DETECTOR INSPECTION FORM**

On this date, we the undersigned have inspected and tested the smoke detectors at

\_\_\_\_\_

This property has \_\_\_\_\_ (number) operating smoke detectors. The smoke detectors are located in:

**Bedrooms:**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

**Hallway:** \_\_\_\_\_

**Living room:** \_\_\_\_\_

**Dining room:** \_\_\_\_\_

**Kitchen:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**COPY**

The undersigned RESIDENT will be responsible for testing each smoke detector on a monthly basis. The RESIDENT will replace the batteries as needed to ensure the operation. If any smoke detector is not functioning, and cannot be made to function by replacing the battery, the RESIDENT is responsible for notifying the OWNER in writing immediately.

It is the responsibility, of the RESIDENT to make sure that the smoke detectors are maintained for the RESIDENT'S safety and protection. The OWNER will be responsible **only** for the replacement of defective smoke detectors after being notified by the RESIDENT. The OWNER is in no way responsible for smoke detectors with dead or disconnected batteries, improperly installed batteries, disconnected detectors, or any other damage to the smoke detectors.

**THE RESIDENT MUST MAINTAIN THE PROPER OPERATION OF THESE IMPORTANT PIECES OF SAFETY EQUIPMENT.**

**RESIDENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OWNER:**

\_\_\_\_\_

**DATED:** \_\_\_\_\_