

Lesslie Fire Rescue

Carbon Monoxide and Smoke Alarm Installation Form

Name of Resident: _____

Address: _____

City: _____

State: South Carolina Zip Code: _____ Phone Number: _____

Services provided (to be completed by Lesslie Fire Rescue Representative)

<input type="checkbox"/> – Carbon Monoxide Alarm	<input type="checkbox"/> – Number of CO Alarms Installed:
<input type="checkbox"/> – 10-year smoke alarm, installed and tested	<input type="checkbox"/> – Number of Smoke Alarms Installed:

I am the resident of the home at the address above. Today, I received the services indicated on this form. I also received instructions about how to use and maintain smoke alarms. It is my responsibility to maintain the smoke alarm(s) per the manufacture's recommendations and to test the alarm(s) monthly. It is also my responsibility to make sure I have the appropriate type of smoke alarms in my home. Different type of alarms, ionization and photoelectric, detect fires differently and experts recommend having both types. It is additionally my responsibility to make sure that I have the appropriate number of smoke alarms and that the alarms are in appropriate locations. Furthermore, Lesslie Fire Rescue is not responsible for determining the appropriate type, number or location of smoke alarms.

Your signature indicates that you have read the information above and that you agree with its content.

 Resident's Printed Name

 Date

 Resident's Signature

 LFD Representative

Initial Assessment Upon Visit	
How many people live here?	How many pre-existing smoke alarms does the household already have?
How many youth ages 17 and under live here?	How many pre-existing smoke alarms are working?
How many adults ages 65 and older live here?	How many individuals with a disability, or and access or functional need live here?