FIRE PROTECTION BUREAU – FIRE AND LIFE SAFETY INSPECTIONS
PO Box 42600
Olympia WA 98504-2600
(360) 596-3948 FAX: (360) 596-3934

SMOKE DETECTOR SENSITIVITY TEST REPORT

Page_____ of _____

Service Company Name			
Company Address			
Street	City	State	ZIP
Phone Number			

Property Name			
Property Address			
Street	City	State	ZIP
Property Contact Person			
		Phone Number	
Signature of Contact Person			
(indicates that a copy of the test report 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

FIRE PROTECTION BUREAU – FIRE AND LIFE SAFETY INSPECTIONS
PO Box 42600
Olympia WA 98504-2600
(360) 596-3948 FAX: (360) 596-3934

SMOKE DETECTOR SENSITIVITY TEST REPORT

Service Company Name

Company Address

Street City State ZIP

Phone Number

Property Name

Property Address

Street City State ZIP

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