

APPARATUS _____
SHIFT _____



Alhambra Fire Department
Community Risk Reduction Division
301 North First Street
Alhambra, CA 91801
(626) 570-5193 Office / (626) 457-8961 Fax



**SMOKE ALARM & CARBON MONOXIDE ALARM
SELF-CERTIFICATION & INSPECTION FORM**

Property Address: _____

Property Owner(s) Name: _____ No. of Units _____

The California Health and Safety Code, Section 13113.7, 13113.8, or 18029.6, and Section R315 of the California Residential Code require the owner of all dwelling units offered for rent to provide operable smoke alarm(s) and carbon monoxide alarm(s) at the time tenant takes possession of the unit. The owner is to maintain the alarm(s) to ensure they are in operable condition. This Section also requires the tenant to immediately report to the owner when the alarm(s) are not operating. Although not required, Self-certification & Inspection Form for owner occupied units is strongly recommended.

As of January 1, 2013, carbon monoxide detection is required for units with fuel burning appliances and/or attached garages.

Properly operating smoke and carbon monoxide alarm(s) shall be installed in the following:

1. A Smoke Alarm is required within each sleeping room (bedrooms)
2. Smoke Alarm **and** Carbon Monoxide Alarm(s)
or Combination Smoke/Carbon Monoxide Alarm(s) are required in the following areas:
 - Common areas adjacent to sleeping rooms (hallways)
 - Levels without sleeping rooms, minimum one per level
 - Attached garage level, install on the living side (**not in garage**)

In addition, California Penal Code Section 148.4 makes it a misdemeanor, punishable by a fine of up to \$1,000.00 (one thousand dollars) and imprisonment in the County jail for up to one year, or both, for any person tampering with or disconnecting any smoke alarm, fire alarm system, or other fire protection device.

As the owner/representative for the above referenced property, I/we affirm and declare that the alarms referenced below have been installed in accordance with the manufacturer's instructions and have been tested and are operational.

PRINT Name Owner/Representative: _____ Date: _____

Owner/Representative Signature: _____

Phone () _____ Email _____

****Please complete the back of this worksheet or provide a copy of your record of inspection/testing/battery change for all units****



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SMOKE ALARM & CARBON MONOXIDE ALARM SELF-CERTIFICATION FORM

*Date of manufacture can be checked on back of smoke alarm. If date of manufacture cannot be found, replace unit.

**Many carbon monoxide (CO) manufacturers recommend replacing after 5 years of date of manufacture. Refer to user manual for longer specific life spans and back of unit to verify date of manufacture.

UNIT NUMBER OR LETTER	SMOKE & CARBON MONOXIDE ALARMS	Yes ✓	No ✓	DATE VERIFIED
	Does each sleeping room/area have a working *smoke alarm less than 10 years old?			
	Does each hallway/area have at least one (1) **CO & *smoke alarm in the hallway/area next to sleeping rooms?			
	Does each level have at least one (1) CO & *smoke alarm that is less than 5-10 years old?			
UNIT NUMBER OR LETTER	SMOKE & CARBON MONOXIDE ALARMS	Yes ✓	No ✓	DATE VERIFIED
	Does each sleeping room/area have a working *smoke alarm less than 10 years old?			
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	Does each level have at least one (1) CO & *smoke alarm that is less than 5-10 years old?			

**If needed, please make additional copies of this form