



# PORTLAND FIRE & RESCUE



Jo Ann Hardesty, Commissioner  
Mike Myers, Fire Chief  
Nate Takara, Fire Marshal  
Prevention Division  
1300 SE Gideon Street  
Portland, OR, 97202  
Phone: (503) 823-3770

## Smoke Alarm Test Report Form

Unit Owner Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Unit Number: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In accordance with *FIR 6.10 - Abating Smoke Alarm Violations*: The owner of a unit in a multi-family dwelling of three or more units, or their tenant, will ensure the testing of all smoke alarms are completed within each dwelling unit at a minimum of every six months. The owner or their tenant 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 will be used as the official record of the required smoke alarm testing. Enter the name of the individual conducting the smoke alarm test, the date the testing was done and the location of **each** smoke alarm in the unit. Be sure to complete the form at the top and sign it at the bottom when testing is completed.

Return this form to [Manager@FRESHSTARTofOregon.com](mailto:Manager@FRESHSTARTofOregon.com) no later than **April 30, 2022**

Test Date	Testing Completed By	Location of smoke alarm Unit(s) tested

Owner/Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_