



DEPARTMENT OF COMMERCE & INSURANCE
STATE FIRE MARSHAL'S OFFICE
500 James Robertson Parkway
Nashville, TN 37243

Instructions

1. Fill out the information for each installation
2. Make a copy for your records
3. Return to the State Fire Marshal's Office

SMOKE ALARM INSTALLATION SUMMARY REPORT

Page ____ of ____

Organization Name: _____

Date (MM/DD/YY): _____ Address _____ City _____ ZIP _____
☐ Single Family ☐ Multi-Family ☐ Apartment ☐ Manufactured Home Number of Smokers _____ Number of Smoke Alarms Installed _____
Name _____ Phone _____ ☐ Own ☐ Rent Number of Deaf/Hard of Hearing Alarms Installed _____

Date (MM/DD/YY): _____ Address _____ City _____ ZIP _____
☐ Single Family ☐ Multi-Family ☐ Apartment ☐ Manufactured Home Number of Smokers _____ Number of Smoke Alarms Installed _____
Name _____ Phone _____ ☐ Own ☐ Rent Number of Deaf/Hard of Hearing Alarms Installed _____

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TOTAL ALARMS INSTALLED: _____



Return this form by email, fax or mail.
Email: Alex.Daugherty@tn.gov
Fax: 615-741-1475
(Attn: Alex Daugherty)

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Division of Fire Prevention
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Nashville, TN 37243

