



**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 _____
<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Apartment	<input type="checkbox"/> Manufactured Home
Number of Smokers _____		Number of Smoke Alarms Installed _____	
Name _____	Phone _____	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
		Number of Deaf/Hard of Hearing Alarms Installed _____	

  

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

  

Date (MM/DD/YY): _____	Address _____	City _____	ZIP _____
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Number of Smokers _____		Number of Smoke Alarms Installed _____	
Name _____	Phone _____	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
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Number of Smokers _____		Number of Smoke Alarms Installed _____	
Name _____	Phone _____	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
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Number of Smokers _____		Number of Smoke Alarms Installed _____	
Name _____	Phone _____	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
		Number of Deaf/Hard of Hearing Alarms Installed _____	

  

<b>TOTAL ALARMS INSTALLED:</b>	
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Return this form by email, fax or mail.  
 Email: baylie.scott@tn.gov  
 Fax: 615-741-1475  
 (Attn: Baylie Scott)

Department of Commerce & Insurance  
 Division of Fire Prevention  
 500 James Robertson Parkway  
 Nashville, TN 37243

