



# ANNUAL SAFETY INSPECTION REPORT

Address: \_\_\_\_\_

Unit/Suite # (if applicable): \_\_\_\_\_

Landlord/Property Manager Inspecting

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

1) Carbon Monoxide Detector (circle as applicable):

YES NO

Plug In Battery

Date of Expiry: (not to exceed 10 years) \_\_\_\_\_

2) Smoke Detector (circle as applicable):

YES NO

Plug In Battery

Date of Expiry: (not to exceed 10 years) \_\_\_\_\_

3) Appliances:

Fridge in Good Working Order: Yes No

Stove in Good Working Order: Yes No

Furnace in Good Working Order: Yes No

Hot Water in Good Working Order: Yes No

Additional: \_\_\_\_\_ Yes No

Additional: \_\_\_\_\_ Yes No

The Carbon Dioxide Detector, Smoke Detector and Appliances were tested in my presence and are in the working condition as described above.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date (day/month/year)