



1333 NW Eastman Parkway, Gresham, Oregon 97030-3813

Phone 503-618-2355 • Fax 503-666-8330

GreshamOregon.gov/fire

GFES@GreshamOregon.gov

# SMOKE DETECTOR SENSITIVITY TEST REPORT

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Service Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Property Name		
Property Address		
Property Contact Person	Phone	
Test Method #1 (Listed control panel test; Listed electronic tester; Listed atmospheric tester)		
Tester Make and Model #	Serial #	Date calibrated
Test Method #2 (Listed control panel test; Listed electronic tester; Listed atmospheric tester)		
Tester Make and Model #	Serial #	Date calibrated
Name of service company technician	Date	

ID#	Location	Brand/ Model	A/C	TM#	Listed Sens.	Tested Sens.	P/F	Comments

TM = Test Method      A/C = Addressable or Conventional P/F = Detector pass or fail



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