



FP-7E

The Commonwealth of Massachusetts
Department of Fire Services
Office of the State Fire Marshal

Post Office Box 1025, Stow, Massachusetts 01775
(978) 567-3300 Fax: (978) 567-3199



Carbon Monoxide Technical Options
Annual Certificate of Inspection/Maintenance & Testing

Property Name: \_\_\_\_\_ Owner Contact: \_\_\_\_\_

Property Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Testing Company: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Representative \_\_\_\_\_ License No \_\_\_\_\_ Telephone \_\_\_\_\_

Problems/Deficiencies Noted

Multiple horizontal lines for recording problems or deficiencies.

This report indicates the carbon monoxide alarm protection equipment was in working order and in accordance with applicable NFPA standards, and in compliance with the State Fire Code.

Inspector \_\_\_\_\_ Name of Owner/Representative \_\_\_\_\_
Date \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_
Signature \_\_\_\_\_ Signature \_\_\_\_\_

Notice of Inspection Failure sent to Local Fire Department:

Dept.: \_\_\_\_\_

Date: \_\_\_\_\_