

# Smoke Alarm Compliance Certificate

## Residential Accommodation Installation Report

### Site details

DA No: ..... CC/CDC No: .....

Building description: .....

Address: .....

Lot No: ..... DP No: .....

### Contractors' declaration

I (*Electricians Name*): ..... of (*Company*): .....

Address: ..... Licence No (*if applicable*): .....

Phone: ..... Email Address: .....

**Hereby certify that the Smoke Alarm/s has/have been interconnected and installed in accordance with the Building Code of Australia – Part 9.5 of HP and AS3786-2014:**

*(Tick where applicable)*

#### Type of system

- New
- Modification to system
- Addition to existing

#### Location of detector (wired to main power)

- Passageway
- Bedroom
- Other

Number of detectors: .....

Date of installation and testing: .....

Comments/Notes:

Signature: ..... Date: .....