



PROVINCETOWN FIRE DEPARTMENT
25 SHANKPAINTER ROAD
PROVINCETOWN, MASSACHUSETTS 02657

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FIRE ALARM TEST REPORT

ADDRESS: _____

OCCUPANTS: _____

PHONE#: _____

NUMBER OF UNITS: _____ SYSTEM TYPE: _____

CONTACT: _____

ADDRESS: _____

PHONE#: _____

ALARM TESTING
COMPANY: _____

ELECTRICIAN/TECHNICIAN: _____ LICENSE # _____

PHONE # _____

THE FIRE ALARM SYSTEM AT THE ABOVE MENTIONED ADDRESS WAS TESTED AND ALL PARTS OF THE SYSTEM WERE FOUND TO BE FULLY OPERATIONAL.

COMMENTS: _____

DATE OF TEST: _____ BY: _____

SIGNATURE

THIS REPORT MUST BE FILLED OUT PRIOR TO THE ISSUANCE OF, OR RENEWAL OF A LICENSE OR CERTIFICATE OF COMPLIANCE WITHIN THE TOWN OF PROVINCETOWN.