



MUNICIPALITY of the DISTRICT of CHESTER

FALSE FIRE ALARM INVESTIGATION



The Fire and Rescue Service has attended these premises in response to a call received from a monitored fire alarm system and as no fire has been found, the incident will be recorded as a FALSE ALARM. It is imperative that you and your alarm company take the appropriate corrective actions to prevent any recurrence of False Alarms.

ALARM TIME:	DATE:
<u>ADDRESS OF INCIDENT AND CONTACT INFORMATION:</u>	<u>ADDRESS OF INCIDENT AND CONTACT INFORMATION:</u>
NAME OF OCCUPANT:	NAME OF OWNER:
STREET AND CIVIC NUMBER:	STREET AND CIVIC NUMBER:
TOWN: POSTAL CODE	TOWN: POSTAL CODE
PHONE:	PHONE:

Check off the CAUSE of the FALSE ALARM. Add all details below. Attach all supporting documentation.

Alarm Mfg		Alarm Zone (s) activated	
Defective alarm system		Insects in detector	
Uniformed alarm test		Dust in detector	
Person working on system		Change in water pressure	
Person working in vicinity		Power failure or surge	
Cooking fumes		Adverse weather conditions	
Smoking near detectors		System reset before arrival	
External fumes		Malicious operation	
Steam or vapor		Actuation by aerosol test spray	

Other Explanation of Incident

<u>Investigation Report left with Occupant</u> <u>by FIRE DEPARTMENT :</u>	NAME	SIGNATURE	DATE
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TO OCCUPANT/OWNER: THE MUNICIPALITY WILL BE CONTACTING YOU WITHIN 5 DAYS TO REVIEW THE CORRECTIVE ACTIONS THAT MAY BE REQUIRED. CORRECTIVE ACTION IS TO BE COMPLETED BY OWNER , OCCUPANT AND/OR THE ALARM COMPANY. THE COMPLETED AND SIGNED REPORT IS TO BE RETURNED TO THE MUNICIPALITY OF THE DISTRICT OF CHESTER, 151 KING STREET, PO BOX 369, CHESTER , NOVA SCOTIA, B0J 1J0, ATTENTION: FIRE SERVICES COORDINATOR

CORRECTIVE ACTIONS TAKEN. PROVIDE DETAILS BELOW OR ON ATTACHED SHEETS

RESPONSIBILITY	PRINT NAME	SIGNATURE	DATE
MUNICIPAL FIRE SERVICES			
OCCUPANT			
OWNER			
ALARM COMPANY			

FIRE DEPARTMENT

FIRE DEPARTMENT

FIRE DEPARTMENT

OWNER , OCCUPANT, ALARM COMPANY, MUNICIPALITY