

FIRE SAFETY NOTIFICATION

The purpose of this document is to inform the tenant about fire safety and protection information as required in Sec. 1 RCW 59.18.060, RCW 48.48.140, and RCW 48.48.140(3).

1. SMOKE DETECTION DEVICE

In accordance with Washington State Law, the landlord has installed a smoke detection device. This statement is to certify that the tenant has been shown the location(s) and has had the operation of the installed smoke detection device explained.

Landlord
Initials: _____

Tenant
Initials: _____

TENANT: I understand that it is my responsibility as the tenant to be sure this smoke detection device is in working condition; to test it periodically; replace batteries as needed; and/or to report any malfunction promptly to the landlord.

Smoke detection device(s) are (check one): Battery Operated Hard-wired
 Hardwired, with battery back-up

2. FIRE PROTECTION SYSTEMS

The building of the unit listed below is equipped with the following checked fire protection system(s):

Sprinkler System Fire Alarm System
 YES NO YES NO

Landlord
Initials: _____

Tenant
Initials: _____

3. EVACUATION AND/OR RELOCATION PLANS

The building of the unit listed below has the following checked emergency plans; (if "YES", a copy of the checked plan has been explained and provided to the tenant):

Landlord
Initials: _____

Tenant
Initials: _____

Emergency Notification Plan Emergency Evacuation Plan Emergency Relocation Plan
 YES NO YES NO YES NO

4. SMOKING POLICY

The building of the unit listed below HAS DOES NOT HAVE a smoking policy. If the building "HAS" a smoking policy, the policy has been explained and a copy provided to the tenant.

Landlord
Initials: _____

Tenant
Initials: _____

The following parties have reviewed the information above and certify to the best of their knowledge that the information provided is true and accurate.

LANDLORD:

TENANT:

Tenant Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date

Landlord/Authorized Agent Signature

Date

SAMPLE
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