



# NEW BERLIN FIRE DEPARTMENT ALARM SYSTEM TEST RECORD FORM

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**Business Name:** \_\_\_\_\_ **Building Address:** \_\_\_\_\_

**Year: 20**\_\_\_\_

**Year: 20**\_\_\_\_

Month	Smoke Detectors	Pull Stations	Emergency Lights
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

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