



**CITY OF
COON RAPIDS FIRE DEPARTMENT**

Contact Information

11155 Robinson Drive, Coon Rapids, MN 55433

Phone 763-767-6429

Fax 763-767-6531

Date: _____

Business Name: _____ Phone: _____ Fax: _____

Contact/Responsible Person: _____ E-mail Address: _____

Business Address Number: _____ Business Street Name: _____

Business Suite Number: _____ Business Zip Code: _____

Business Owner: _____ Phone: _____ Fax: _____

Contact/Responsible Person: _____ E-mail Address: _____

Business Owner Address: _____

Building Property Management: _____ Phone: _____ Fax: _____

Contact Person/Responsible Person: _____ E-mail Address: _____

Management Co. Address: _____

Emergency Call List

This information will be used if police and fire rescue personnel need to contact you in the event of an emergency outside of regular business hours. (Please provide a minimum of 3 contacts)

1. _____ Phone/Cell: _____

2. _____ Phone/Cell: _____

3. _____ Phone/Cell: _____

Please fax, mail or email completed form to the Coon Rapids Fire Department.



COON RAPIDS FIRE DEPARTMENT GUIDELINES

Annual test report for local (unit) smoke and carbon monoxide detectors

**Complete and return this form to: Coon Rapids Fire Department
11155 Robinson Drive
Coon Rapids, MN 55433**

NAME OF FACILITY: _____

STREET ADDRESS: _____

FACILITY MANAGER: _____ PHONE: _____

INDIVIDUAL SMOKE AND CARBON MONOXIDE DETECTORS (to be filled out by facility manager).

Total number of single station (individual unit) smoke detectors _____.

Smoke detectors tested on: _____.

Smoke detectors passed: _____ total.

Smoke Detectors failed: _____ total.

Smoke detectors fixed or replaced: _____ total.

Total number of single station (individual unit) Carbon Monoxide detectors: _____.

Carbon Monoxide detectors tested on: _____.

Carbon Monoxide detectors passed: _____ total.

Carbon Monoxide detectors failed: _____ total.

Carbon Monoxide detectors fixed or replaced: _____ total.

All individual smoke and carbon monoxide detectors have been tested and are in working order as of this date.

Signed by Mgr: _____ Date: _____