



Smoke & Carbon Monoxide Alarms



Alarms save lives, but only if they are properly installed and functioning. Most fatalities happen in homes without working smoke alarms. Always maintain your alarms according to the manufacturer's instructions.

1. TEST ALARMS

Battery operated alarms should be tested once a month using the test button to ensure they are working. They provide protection even during power outages.

2. CHANGE BATTERIES

Replace batteries in your battery operated alarms once a year. Each fall when clocks are changed to mark the end of Daylight Savings Time, install new batteries. If an alarm at any time "chirps" to indicate a low battery – change it. A ten-year lithium battery smoke alarm does not need to have its battery changed. Replace smoke alarms that use extended-life, lithium batteries, when the alarm "chirps", or fails to respond to periodic testing. The batteries in these units cannot be changed; the entire alarm must be replaced.

3. FALSE ALARMS

Use the hush button to silence a false alarm from cooking smoke or steam. Never disconnect or remove the battery. If your smoke alarm does not have a hush button use a magazine or kitchen towel to fan the smoke away from the alarm.

4. REPLACE ALARMS

Smoke alarms are normally replaced every 10 years. Carbon monoxide alarms are usually replaced anywhere from five-seven years. Always replace your alarm based on the manufacturer's recommendation. You may not replace any A.C. powered (electric) single or multiple station smoke alarms with battery-powered smoke alarms.

One & Two Family Homes: Criteria for Smoke and CO Alarms

<p>BUILT BEFORE 1977:</p> <ul style="list-style-type: none"> -Battery Smoke Alarms -One on each level, including basement (If there is a basement, smoke alarm must be placed at the bottom of the stairwell) -Within ten feet of each bedroom -CO alarm within ten feet of each sleeping area 	<p>BUILT 1977 OR AFTER, BUT BEFORE 1984:</p> <ul style="list-style-type: none"> -Electric Smoke Alarms -One on each level, including basement -Within ten feet of each bedroom -CO alarm within ten feet of each sleeping area
<p>BUILT 1984 OR AFTER, BUT BEFORE 1990:</p> <ul style="list-style-type: none"> -Electric Smoke alarms - Interconnected -One on each level, including basement -Within ten feet of each bedroom -CO alarm within ten feet of each sleeping area 	<p>BUILT 1990 TO PRESENT:</p> <ul style="list-style-type: none"> -Electric Smoke Alarms with Battery Back-up - All Interconnected -One on each level, including basement -Within ten feet of each bedroom -In each bedroom -CO alarm within ten feet of each sleeping area
<p>Smoke Alarm Placement:</p> <ul style="list-style-type: none"> -Must be placed on the ceiling or within six-twelve inches of the ceiling on the wall. <p>CO Alarm Placement:</p> <ul style="list-style-type: none"> -Permitted to be battery operated, hard-wired(requires permit and inspection), or the plug in type. -May be placed anywhere on the ceiling or the wall. -Must be installed in homes that contain a fuel burning appliance or an attached garage. 	

Contact us to see if you qualify for FREE smoke and/or CO alarms today! We provide and install!

Ewing Township Fire Department - 1666 Pennington Road - 609 882 9885 EXT 2 - manderson@ewingnj.org



Ewing Township Fire Services

Smoke & CO Alarm Request Form

Fill out this form to request the installation of alarms in your home by the fire department

To qualify for smoke alarms, you must be a Ewing Township homeowner and your home must be built before 1977. To qualify for carbon monoxide alarms, you must be a Ewing Township homeowner and must have an attached garage and/or a fuel burning appliance within your home. Rental properties do not qualify. Whether you live in a rented house or apartment, your landlord is required to provide you with a working smoke and CO alarm. Tenants are responsible for maintaining the alarms. Any applicant and/or resident which resides in said home that identifies as a senior, low income, or has a disability will take priority.

APPLICANT NAME

FIRST: _____ LAST: _____

ADDRESS

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT INFORMATION

PHONE NUMBER: (_____) _____ - _____

EMAIL: _____

PLEASE "✓" ALL THE FOLLOWING BOXES THAT APPLY:

1. I AM REQUESTING: SMOKE ALARMS CARBON MONOXIDE ALARMS
2. I AM A: EWING RESIDENT EWING HOMEOWNER
3. DO YOU AND/OR ANOTHER EWING RESIDENT WHO RESIDES AT THE ADDRESS YOU PROVIDED ABOVE IDENTIFY AS A SENIOR, LOW INCOME, AND/OR HAVE A DISABILITY? (YOU MAY BE ASKED TO PROVIDE PROOF.)
NO YES - SENIOR LOW INCOME DISABILITY
4. TYPE OF DWELLING: HOUSE APARTMENT CONDO OTHER
5. HOME INFORMATION:
MY HOME WAS BUILT BEFORE 1977
MY HOME HAS AN ATTACHED GARAGE
MY HOME HAS A FUEL BURNING APPLIANCE(S)
6. ARE THERE SMOKE ALARMS INSTALLED IN YOUR HOME NOW?
NO YES - HOW MANY? _____
7. ARE THERE CARBON MONOXIDE ALARMS INSTALLED IN YOUR HOME NOW?
NO YES - HOW MANY? _____
8. PREFERRED TIME OF INSTALLATION BY FIRE DEPARTMENT:
MORNING AFTERNOON NIGHT ANYTIME
9. NUMBER OF FLOORS IN YOUR HOME, INCLUDING BASEMENT: _____

APPLICANT COMMENTS/CONCERNS (IF ANY): _____

PLEASE RETURN COMPLETED FORMS TO: F/F ANDERSON - manderson@ewingnj.org