

Deployment Sheet

Customer

Test Site

Name: _____

Address: _____

City State Zip: North York ON

North York ON

Test Information

Serial ID#	Type	Box	Location	Start		IV	End		FV
				Date	Time		Date	Time	
SGR349	SST		Basement	19-Oct-2025	12:00	380	26-Oct-2025	12:00	218
SGR363	SST		1st Floor Family Room	19-Oct-2025	12:00	363	26-Oct-2025	12:00	212
SGR453	SST		1st Floor Bedroom	19-Oct-2025	12:00	358	26-Oct-2025	12:00	205

Deployed By: John Lee

Retrieved By: John Lee

Analyzed By: John Lee

Protocols

Closed Building Conditions 12 Hours Prior To Testing?

☐ Yes ☒ No ☐ Unknown ☐ N/A

Closed Building Conditions During Testing Period?

☐ Yes ☒ No ☐ Unknown ☐ N/A

Compliance Sheet Signed?

☐ Yes ☒ No ☐ Unknown ☐ N/A

Mitigation System Installed?

☐ Yes ☒ No ☐ Unknown ☐ See Comment

General House Information

Test Category? (Initial, Follow-Up, Post-Mitigation)

Initial

Building Type? (Single Family, Townhouse, Apartment, etc.)

Single Family

Foundation Type? (Basement, Slab on Grade, Crawl Space)

Basement

Vents: ☐ Open ☐ Closed ☒ N/AVent Fans: ☐ On ☐ Off ☐ Auto ☒ N/A

Central HVAC System:

☒ Yes ☐ No ☐ Unknown ☐ N/A

Thermostat Setting: 1st Floor

Thermostat Fans: ☒ On ☐ Off ☐ Auto ☐ N/A

Weather Conditions

Approximate Precipitation During Test Period

Sustained Wind Velocity Above 30mph?

☐ Yes ☒ No ☐ Unknown ☐ N/A

Abnormal Weather Conditions?

No

Tamper Controls

Tamper Indicating Controls Used?

☐ Yes ☒ No ☐ Unknown ☐ N/A

Description of Tamper Controls:

Were Tamper Controls Intact When Detectors Retrieved?

☐ Yes ☒ No ☐ Unknown ☐ N/A

If Not Intact - Describe Condition:

Comments