

**DEPARTMENT OF HUMAN SERVICES
OFFICE OF PROGRAM INTEGRITY AND ACCOUNTABILITY
OFFICE OF LICENSING**

Recalled Kidde Model PI2000 Dual Sensor Smoke Alarms

Provider Certification

I have read and understood the Advisory that accompanies this form.

I certify that all smoke alarms in the licensed sites/programs/residences have been inspected and that, based upon that inspection:

- No Kidde Model PI2000 Dual Sensor Smoke Alarms are installed in the licensed site/program/residence.

Or,

- Kidde Model PI2000 Dual Sensor Smoke Alarms were installed in the licensed site/program/residence **and** all such smoke alarms have been replaced with an operable non-recalled smoke alarm.

I understand that the information provided above is subject to verification through on-site inspections by representatives of the New Jersey Department of Human Services, Office of Licensing.

Signature of Director/Administrator/Provider

Title

Printed Name

Agency Name

Telephone number

Date

**ADVISORY, CONSULTATIVE, DELIBERATIVE
CONFIDENTIAL/PRIVILEGED**