|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | Building Life Safety Systems Testing | | | | |
| Insert Logo  Here | Service Company Information  (Address, Telephone, & Contact Information | |
| **Date of Service:** | **Last Service Date:** | | **Work Order Number:** | |
|  |  | |  | |
|  | | | | |
|  |  | |
| **Building Name:** | | | **Contact Person:** | | **Phone:** | |  |
|  | | |  | | **Fax:** | |  |
| **Address:** | | | **Owner/Strata Number:** | | **Phone:** | |  |
|  | | |  | | **Fax:** | |  |
| **City:** | | **State:** | **Zip Code:** | |  | |  |
|  | |  |  | |  | |  |

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| This form is intended to provide the owner or fire inspector with an overview of what fire protection systems exist in the building and which systems | | | | | |
| were inspected and tested by a qualified technician. The applicable reports indicated below are attached hereto and comprise | | |  | | pages. |
| The attached reports comply with the Inspection Standards upon which they are based. | | | | | |
| **There is fire protection equipment located at the above referenced address that has not been tested in accordance with the State/Territorial Fire Code. YES  NO** | | | | | |
|  | | | | | |
|  | Estimated Time To Test Building: |  | | Man Hours | |
|  | Actual Time to Test Building: |  | | Man Hours | |
|  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Building Life Safety & Emergency Systems** | **✓** | Tech. # | **Initial** | **Comments** |
| Fire Alarm System Test Report |  |  |  |  |
| Smoke Control System Test Report |  |  |  |  |
| Unit Emergency Lighting Test Report |  |  |  |  |
| Sprinkler Systems Test Report |  |  |  |  |
| Standpipe Systems Test Report |  |  |  |  |
| Fire Pump Test Report |  |  |  |  |
| Backflow Prevention Device Test Report |  |  |  |  |
| Emergency Generator Set Test Report |  |  |  |  |
| Fixed Extinguishment System Test Report |  |  |  |  |
| Fire Extinguishers Test Report |  |  |  |  |

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| The information on this form (and in the documents attached here-to) attest to the fact that the equipment listed here-in was tested/inspected in conformance with applicable codes, bylaws, standards, and the manufacturer’s requirements by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked “Remarks”. A copy should be maintained on the premises. By signing below, the Owner or Owner’s Representative accepts the test reports for the systems specified herein. | | | |
| Company Name |  |  |  |
| **Service Manager** |  | **Date** | **Owner or Authorized Representative** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | | | | **Building Fire Alarm/EVC System Testing** | | | | | | | | | | | |
| Insert Logo  Here | Service Company Information  (Address, Telephone, & Contact Information | | | |
| **Date of Service:** | | | **Last Service Date:** | | | | | **Work Order Number:** | | | |
|  | | |  | | | | |  | | | |
| Annual Inspection | **Special Inspection/Audit** | | | | | | | | | Direct Connection  **yes**  **no** | |
| Single Stage | **Two Stage** | | | | | **Number of Conventional Zones:** | | | | | |
| **Initiating:** | | | |  | |
| **Addressable** | **Conventional** | | | | | **Notification:** | | | |  | |
| **Voice Paging:** | | | |  | |
| **Manufacturer:** | | | | **Model Number:** | | | | | **Serial Number:** | | |
|  |  | | | |  | | | |  | | | | |  | | |
| **Building Name:** | | | | | **Contact Person:** | | | | | | | **Phone:** | | | |  |
|  | | | | |  | | | | | | | **Fax:** | | | |  |
| **Address:** | | | | | **Owner/Property Manager/Strata Number:** | | | | | | | **Phone:** | | | |  |
|  | | | | |  | | | | | | | **Fax:** | | | |  |
| **City:** | | | | **State:** | **Zip Code:** | |  | | | | |  | | | |  |
|  | | | |  |  | |  | | | | |  | | | |  |
| **Monitoring Organization:** | | | | | **Contact Person:** | | | | | | | **Phone:** | | | |  |
|  | | | | |  | | | | | | | **Fax:** | | | |  |
| **Address:** | | | | |  | | | | | | |  | | | |  |
|  | | | | |  | | | | | | |  | | | |  |
| **City:** | | | | **State:** | **Zip Code:** | |  | | | | | | | | | |
|  | | | |  |  | |  | | | | |  | | | |  |
| **Signal Transmission Means (Digital Communications):** | | | | | | | | | | | | | | | | |
| Single Line Dialler | | Dual Line Dialler  Cellular Backup  IP Backup  Radio Backup  Other: | | | | | | | | | | |  | | | |
| **Phone Line #1:** | | | **Phone Line #2:** | | **Entity to which alarms are re-transmitted:** | | | | | | | | | | | |
|  | | |  | |  | | | | | | | | | | | |
| **Signal Transmission Means (Stand-alone):** | | | | | **Account Number (Primary):** | | | | |  | | | | | | |
| Supervised Cellular  Supervised IP  Supervised Radio | | | | | **Account Number (Secondary):** | | | | |  | | | | | | |

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| **Yes** | **No** | **Summary** | **Follows NFPA-72(2016)** | | | | |
|  |  |  | | | | | |
|  |  | The fire alarm system is now fully functional without deficiencies. | | | | | |
|  |  | The fire alarm system has deficiencies  remarks  noted. These comments start on page | | | |  | . |
|  |  | The entire fire alarm system has been tested in accordance with NFPA 72 (2016). | | | | | |
|  |  | The fire alarm system documentation is on site and includes a description of the system. | | | | | |
|  |  | Sequence of operation confirmed and tested. | | | | | |
|  |  | A copy of this report will be given to: | |  | (the owner or owner’s representative for the building). | | |
|  |  |  | | | | | |

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| **Certification** | | | | |
| The information on this form (and in the documents attached here-to) attest to the fact that the equipment listed here-in was tested/inspected in conformance with applicable codes, bylaws, the manufacturer’s requirements and NFPA 72 (2016) Chapter 14, by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked “Remarks”. | | | | |
| Company: |  |  |  |  |
|  | |
| **Supervising/Primary Technician Name** | | **Certification No.** | **Date** | **Signature** |
| Company: |  |  |  |  |
|  | |
| **Technician Conducting Test and Inspection** | | **Certification No.** | **Date** | **Signature** |

|  |  |  |  |  |  |  |  |  |
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| **3. Documentation** | | | | | | | | |
|  | | | | | | **Yes** | **No** | **N/A** |
| Instructions for resetting the system and silencing alarm signals. | | | | |  |  |  |  |
| Instructions for silencing the trouble signal and action to be taken when the trouble signal sounds. | | | | |  |  |  |  |
| Description of the function of each operating control and indicator on the fire alarm control unit. | | | | |  |  |  |  |
| Description of the area or fire zone protected by each alarm detection circuit (this may be in the form of a list or plan drawing). | | | | |  |  |  |  |
| Description of alarm signal operation. | | | | |  |  |  |  |
| Description of ancillary equipment controlled by the fire alarm system. | | | | |  |  |  |  |
| Description of elevator homing functions activated by the fire alarm system. | | | | |  |  |  |  |
| Magnetic door holder release activated by fire alarm system? | | | | |  |  |  |  |
| Fire shutter release activated by fire alarm system? | | | | |  |  |  |  |
| Extinguishing system controlled by fire alarm system? | | | | |  |  |  |  |
| Fire Safety Plan documentation on site? | | | | |  |  |  |  |
| Instructions to Occupants/Evacuation Floor Plans are posted. | | | | |  |  |  |  |
| In systems that provide logical control of a smoke control system, documentation is on site and includes a sequence of operation of the smoke control system. | | | | |  |  |  |  |
| Smoke control installed in accordance with Measure: | | |  |  |  |
| Building diagrams are on site that clearly indicates the type and location of all smoke control equipment (fans, dampers, etc.). | | | | |  |  |  |  |
| Additional documentation relating to smoke control measures in the building is appended to this report. | | | | |  |  |  |  |
|  | There are a total of: |  | remotely installed amplifiers in this FAS. | | | | | |
|  |  | supervised power supplies in this FAS. | | | | | |
|  |  | remote sequential display units in this FAS. | | | | | |
|  |  | remote annunciators in this FAS. | | | | | |
|  |  | remote trouble units in this FAS. | | | | | |
|  |  | stand-by batteries in this FAS. | | | | | |
|  |  | remote booster/power supplies in this FAS. | | | | | |
| **List all locations where remote booster/power supplies, batteries & amplifiers are installed:** | | | | | | | | |
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| **4.3.1 Power Supply Inspection** | | | | | | | | | | | | | | | | | | | |
| **Power Supply Field Location:** | | | | |  | | | | | | | | | | | | | |  |
| **Power Supply Identification:** | | | | |  | | | | | | | | | | | | | |  |
| **Circuit Disconnect Means Location:** | | | | |  | | | | | | | | | | | | | |  |
| **Circuit Panel/Breaker Identification:** | | | | |  | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | **Yes** | **No** | **N/A** |
|  | Fused in accordance with the manufacturer’s marked rating of the system. | | | | | | | | | | | | | |  | |  |  |  |
|  | Adequate to meet the requirements of the system. | | | | | | | | | | | | | |  | |  |  |  |
|  | Where fault isolation in power distribution riser has been provided, tests have been conducted to ensure a wire-to-wire short in the field wiring between each pair of control units or transponders, in turn, results in annunciation of the fault and continued operation outside of the shorted section confirmed. | | | | | | | | | | | | | |  | |  |  |  |
| **Recommended Additional Visual Inspection (not mandated by the Standard):** | | | | | | | | | | | | | | |  | | **Yes** | **No** | **N/A** |
| Dead-front panel(s) in place & as per manufacturer’s specification. | | | | | | | | | | | | | | |  | |  |  |  |
| Ancillary devices, which are powered from the control unit or transponder, are recorded. | | | | | | | | | | | | | | |  | |  |  |  |
| Power for ancillary devices is taken from a source separate from the fire alarm system control unit or transponder power supply. | | | | | | | | | | | | | | |  | |  |  |  |
| Power for ancillary devices is taken from the control unit or transponder that is designed to provide such power. | | | | | | | | | | | | | | |  | |  |  |  |
| Power supply cabinet (where applicable) is clean and free of dust and dirt. | | | | | | | | | | | | | | |  | |  |  |  |
| **4.3.2, 6.2 Secondary Power Supply Test And Inspection** | | | | | | | | | | | | | | | | | | | |
| **Emergency Power Supply Field Location:** | | | | |  | | | | | | | | | | | | | |  |
| **Emergency Power Supply Identification:** | | | | |  | | | | | | | | | | | | | |  |
| **Battery Type (as installed):** | | | | | | Sealed Lead Acid  Ni-Cad  Lithium-Ion  Wet Lead | | | | | | | | | | | | |  |
| **Battery Capacity (as installed):** | | | | | |  | | | | AH | | | |  | | | | |  |
| **Required Building Code Alarm Operation:** | | | | | | 30 minutes  120 minutes | | | | | | | |  | | | | |  |
|  | | | | | | | | | | | | | | | | | **Yes** | **No** | **N/A** |
|  | Correct battery type as recommended by the manufacturer. | | | | | | | | | | | | | |  | |  |  |  |
|  | Correct battery rating as determined by battery calculations based on full system load. | | | | | | | | | | | | | |  | |  |  |  |
|  | Battery voltage (main power “on”): | | | | | | | | |  | | | VDC | | | |  |  |  |
|  | Battery voltage – main power “off” – FAS in supervisory condition: | | | | | | | | |  | | | VDC | | | |
| Battery current - main power “off” – FAS in supervisory condition: | | | | | | | | |  | | | mA | | | |
|  | Battery voltage – main power “off” – FAS in full load ALARM: | | | | | | | | |  | | | VDC | | | |
| Battery current – main power “off” – FAS in full load ALARM: | | | | | | | | |  | | | A | | | |
|  | Battery charging current (main power “on”): | | | | | | | | |  | | | mA | | | |
|  | Inspected for physical damage. | | | | | | | | | | | | | |  | |  |  |  |
|  | Terminals cleaned and lubricated. | | | | | | | | | | | | | |  | |  |  |  |
|  | Terminals clamped tightly. | | | | | | | | | | | | | |  | |  |  |  |
|  | Correct electrolyte level. | | | | | | | | | | | | | |  | |  |  |  |
|  | Specific gravity of the electrolyte is within the battery manufacturer’s specifications. | | | | | | | | | | | | | |  | |  |  |  |
|  | Inspected for electrolyte leakage. | | | | | | | | | | | | | |  | |  |  |  |
|  | Adequately ventilated. | | | | | | | | | | | | | |  | |  |  |  |
|  | Record manufacturer’s date code or in-service date: | | | | | | | |  | | | | | |  | |  |  |  |
|  | Disconnection causes trouble signal. | | | | | | | | | | | | | |  | |  |  |  |
|  | **Indicate type of test performed on a fully charged battery (select one):** | | | | | | | | | | | | | |  | |  |  |  |
| (i) | | A battery capacity meter test. (Refer to Appendix F3); or | | | | | | | | | | | |  | |  |  |  |
| (ii) | | Replace the batteries with a new set having a current date code/capacity/type | | | | | | | | | | | |  | |  |  |  |
|  | Record calculated battery capacity (refer to Appendix D3.1-C). | | | | | | | |  | | | AH | | | | |  |  |  |
|  | Record the battery terminal voltage after tests are completed. | | | | | | | |  | | | VDC | | | | |  |  |  |
|  | Battery voltage not less than 85% of its rated capacity after tests completed. | | | | | | | | | | | | | |  | |  |  |  |
|  | Generator provides power to the AC circuit serving the fire alarm system. | | | | | | | | | | | | | |  | |  |  |  |
|  | Trouble condition at the emergency generator results in an audible common trouble signal and a visual indication at the required annunciator. | | | | | | | | | | | | | | | |  |  |  |
| **Generator Inspection & Testing:** | | | | | | | | | | | | | | | | | | | |
| Generator fueled by:  Diesel  Natural Gas  Other: | | | | | | | |  | | | | | | | |  | | | |
| Fuel Level: | |  | | % of full capacity | | | Estimated run time: | | | |  | | | | | Hours | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **6.1 Control Unit or Transponder Inspection** | | | | | | | | | | | | |
| **Control Unit/Transponder Field Location:** | | | | | |  | | | | | |  |
| **Control Unit/Transponder Identification:** | | | | | |  | | | | | |  |
|  | | | | | | | | | | **Yes** | **No** | **N/A** |
| **Control Unit/Transponder General Condition & Appearance:** | | | | | | | | | |  |  |  |
|  | | Input circuit designations correctly identified in relation to connected field devices. | | | | | | |  |  |  |  |
|  | | Output circuit designations correctly identified in relation to connected field devices. | | | | | | |  |  |  |  |
|  | | Correct designations for common control functions and indicators. | | | | | | |  |  |  |  |
|  | | Plug-in components and modules securely in place. | | | | | | |  |  |  |  |
|  | | Plug-in cables securely in place. | | | | | | |  |  |  |  |
|  | Record the date, revision and version of firmware: | | | | | | |  |  |  |  |
| Date: |  | Revision: |  | | Version: |  | |
| Record the date, revision and version of the program software: | | | | | | |  |
| Date: |  | Revision: |  | | Version: |  |  |
|  | | Control unit/transponder is clean and free of dust and dirt. | | | | | | |  |  |  |  |
|  | | Fuses in accordance with the manufacturer’s specification. | | | | | | |  |  |  |  |
|  | | Control unit/transponder lock is functional. | | | | | | |  |  |  |  |
|  | | Termination points for wiring to field devices secure. | | | | | | |  |  |  |  |
|  | | Dead-front panel(s) in place & as per manufacturer’s specification. | | | | | | |  |  |  |  |
|  | | Field wiring entry points for the various circuits and circuit separations are in accordance with the manufacturer’s installation instructions. | | | | | | |  |  |  |  |
|  | | Main power supply feed wiring is in accordance with the manufacturer’s specifications. | | | | | | |  |  |  |  |
|  | | Control panel bonded to ground. | | | | | | |  |  |  |  |
|  | | Each control unit/transponder has been furnished with installation, operating and maintenance instructions. | | | | | | |  |  |  |  |
|  | | Power ‘on’ visual indicator operates. | | | | | | |  |  |  |  |
|  | | System is free of trouble indications. | | | | | | |  |  |  |  |

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| **6.1 Control Unit or Transponder Inspection (Continued)** | | | | | | | | |
| **Control Unit/Transponder Field Location:** | |  | | | | | |  |
| **Control Unit/Transponder Identification:** | |  | | | | | |  |
|  | | | | | | **Yes** | **No** | **N/A** |
| **Control Unit/Transponder Operational Testing:** | | | | | |  |  |  |
|  | Common visual trouble signal operates. | | | |  |  |  |  |
|  | Common audible trouble signal operates. | | | |  |  |  |  |
|  | Trouble signal silence switch operates. | | | |  |  |  |  |
|  | Main Power supply failure trouble signal operates. | | | |  |  |  |  |
|  | Ground fault tested on positive and negative initiates trouble signal. | | | |  |  |  |  |
|  | Alert signal operates. | | | |  |  |  |  |
|  | Alarm signal operates. | | | |  |  |  |  |
|  | Automatic transfer from alert signal to alarm signal operates. | | Time: |  |  |  |  |  |
|  | Manual transfer from alert signal to alarm signal. | | | |  |  |  |  |
|  | Automatic transfer from alert to alarm signal cancel (acknowledge) operates on a two stage system. | | | |  |  |  |  |
|  | Alarm signal silence inhibit function operates. | | | |  |  |  |  |
|  | Alarm signal manual silence operates. | | | |  |  |  |  |
|  | Alarm signal silence visual indication operates | | | |  |  |  |  |
|  | Alarm signal and visible signal devices, when silenced, automatically reinitiate upon subsequent alarm.  In same zone  In other zone/circuit | | | |  |  |  |  |
|  | Alarm signal silence automatic cut-out timer. | | Time: |  |  |  |  |  |
|  | Audible and visual alert signals and alarm signals programmed and operate per design and specification, or documentation as detailed in Commissioning Documentation, Description of Fire Alarm System for Inspection and Test Procedures. | | | |  |  |  |  |
|  | Input circuit alarm and supervisory operation, including audible and visual indication operates. | | | |  |  |  |  |
|  | Input circuit supervision fault causes a trouble indication. | | | |  |  |  |  |
|  | Output circuit alarm indicators operate. | | | |  |  |  |  |
|  | Output circuit supervision fault causes a trouble indication. | | | |  |  |  |  |
|  | Visual indicator test (lamp test) operates. | | | |  |  |  |  |
|  | Coded signal sequences operate not less than the required number of times and the correct alarm signal operates thereafter. | | | |  |  |  |  |
|  | Coded signal sequences are not interrupted by subsequent alarms. | | | |  |  |  |  |
|  | Ancillary device by-pass results in trouble signal. | | | |  |  |  |  |
|  | Input circuit to output circuit operation, including ancillary device circuits for correct program operation, as per design and specification, or documentation as detailed in Appendix E, Description of Fire Alarm System for Inspection and Test Procedures. | | | |  |  |  |  |
|  | Fire alarm reset function operates. | | | |  |  |  |  |
|  | Main power to emergency power supply transfer operates. | | | |  |  |  |  |
|  | Alarm, trouble, & supervisory relays function correctly. | | | |  |  |  |  |
|  | Smoke detector alarm verification (status change confirmation) verified. [Refer to Subsection 6.7.4.3, Smoke Detector Alarm Verification (Status Change Confirmation)]. | | | |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **6.1 Voice Communication System Test** | | | | | | |
| **Location:** | |  | | | |  |
| **Identification:** | |  | | | |  |
|  | | | | **Yes** | **No** | **N/A** |
|  | Dead-front panel(s) in place & as per manufacturer’s specification. | |  |  |  |  |
|  | Communication control enclosure bonded to ground. | |  |  |  |  |
|  | Power ‘on’ visual indicator operates. | |  |  |  |  |
|  | Common visual trouble signal operates. | |  |  |  |  |
|  | Common audible trouble signal operates. | |  |  |  |  |
|  | Trouble signal silence switch operates. | |  |  |  |  |
|  | Trouble signal on the voice communication system results in common trouble signal on the fire alarm system. | |  |  |  |  |
|  | All-call voice paging, including visual indicator, operates. | |  |  |  |  |
|  | Output circuits for selective voice paging, including visual indication, operates. | |  |  |  |  |
|  | Output circuits for selective voice paging trouble operation, including visual indication, operates. | |  |  |  |  |
|  | Microphone, including press to talk switch, operates. | |  |  |  |  |
|  | Visual indicator test (lamp test) operates. | |  |  |  |  |
|  | Operation of voice paging does not interfere with initial inhibit time of alert signal and alarm signal. | |  |  |  |  |
|  | All-call voice paging operates (on emergency power supply). | |  |  |  |  |
|  | Upon failure of one amplifier, system automatically transfers to backup amplifier(s). | |  |  |  |  |
|  | Circuits for emergency telephone call-in operation, including audible and visual indication operates. | |  |  |  |  |
|  | Circuits for emergency telephones for operation, including two-way voice communication, operate. | |  |  |  |  |
|  | Circuits for emergency telephone trouble operation, including visual indication, operate. | |  |  |  |  |
|  | Emergency telephone verbal communication operates. | |  |  |  |  |
|  | Emergency telephone operable or in-use tone at handset operates. | |  |  |  |  |
|  | Main power to emergency power supply transfer operates. | |  |  |  |  |
|  | While in standby mode, voice communication busses used for paging, alert signal, alarm signal, and emergency telephone communication circuits, an open circuit fault, or short circuit fault, or operation of an overcurrent protective device provided for the purpose, shall result in a specific trouble indication specific to the faulty buss. | |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **6.1 ANNUNCIATOR AND DISPLAY AND CONTROL CENTRE TEST AND INSPECTION** | | | | | | | | |
| **Annunciator Location:** | |  | | | | | |  |
| **Annunciator Identification:** | |  | | | | | |  |
|  | | | | | | **Yes** | **No** | **N/A** |
|  | Power “on” indicator operates. | | | |  |  |  |  |
|  | Individual alarm and supervisory input zone clearly indicated and separately designated. | | | |  |  |  |  |
|  | Individual alarm and supervisory input zone designation labels are properly identified. | | | |  |  |  |  |
|  | Where active and supporting field devices are utilized, device labels correspond with actual field location. | | | |  |  |  |  |
|  | Common trouble signal operates. | | | |  |  |  |  |
|  | Visual indicator test (lamp test) operates. | | | |  |  |  |  |
|  | Input wiring from control unit or transponder is supervised and of the correct type and gauge in accordance with the equipment manufacturer’s installation wiring requirements. | | | |  |  |  |  |
|  | Alarm signal silence visual indicator operates. | | | |  |  |  |  |
|  | Switches for ancillary functions operate as per design and specification. | | | |  |  |  |  |
|  | Ancillary functions visual indicators operates. | | | |  |  |  |  |
|  | Manual activation of alarm signal and indication operates. | | | |  |  |  |  |
|  | Displays are visible in the installed location. | | | |  |  |  |  |
|  | Operates on emergency power. | | | |  |  |  |  |
|  | Multi-line sequential display operates as per Appendix C5.9 (Annunciators or Sequential Displays), where utilized. | | | |  |  |  |  |
| **6.1 ANNUNCIATORS OR SEQUENTIAL DISPLAYS** | | | | | | | | |
| **Annunciator/Sequential Display Location:** | | |  | | | | |  |
| **Annunciator/Sequential Display Identification:** | | |  | | | | |  |
|  | | | | | | **Yes** | **No** | **N/A** |
|  | Power “on” indicator operates. | | | |  |  |  |  |
|  | Individual alarm and supervisory zone indication operates. | | | |  |  |  |  |
| **Exception:** Operation of each individual alarm and supervisory zone indication gives the identical indication, or lights the identical indicators at the other annunciator(s) and sequential display(s). | | | |  |  |  |  |
| Specify method of confirmation: | | |  |  |  |  |  |
| Minimum of one alarm zone and one supervisory zone tested per annunciator or sequential display to confirm operation. | | | |  |  |  |  |
|  | Individual alarm and supervisory input zone designation labels are properly identified. | | | |  |  |  |  |
|  | Where active and supporting field devices are utilized, device labels correspond with actual field location. | | | |  |  |  |  |
|  | Common trouble signal operates. | | | |  |  |  |  |
|  | Visual indicator test (lamp test) operates. | | | |  |  |  |  |
|  | Input wiring from control unit or transponder is supervised and of the correct type and gauge in accordance with the equipment manufacturer’s installation wiring requirements. | | | |  |  |  |  |
|  | Alarm signal silence visual indicator operates. | | | |  |  |  |  |
|  | Switches for ancillary functions operate as per design and specification. | | | |  |  |  |  |
|  | Ancillary functions visual indicators operates. | | | |  |  |  |  |
|  | Manual activation of alarm signal and indication operates. | | | |  |  |  |  |
|  | Displays are visible in the installed location. | | | |  |  |  |  |
| **6.1 Remote Trouble Signal Unit Test And Inspection** | | | | | | | | |
| **Remote trouble signal unit location:** | |  | | | | | |  |
| **Remote trouble signal unit identification:** | |  | | | | | |  |
|  | | | | | | **Yes** | **No** | **N/A** |
|  | Input wiring from control unit or transponder is supervised. | | | |  |  |  |  |
|  | Visual trouble signal operates. | | | |  |  |  |  |
|  | Audible trouble signal operates. | | | |  |  |  |  |

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| **6.1 Operation Test for Data Communication Link** | | | | | | |
| **Control Unit/Transponder Field Location:** | |  | | | |  |
| **Control Unit/Transponder Identification:** | |  | | | |  |
| **DCL Identification:** | |  | | | |  |
|  | | | | **Yes** | **No** | **N/A** |
|  | Confirm that a trouble signal is received at the control unit or transponder under an open loop fault. | |  |  |  |  |
|  | Where fault isolation modules are installed in data communication links serving field devices, wiring shorted on the isolated side, annunciation of the fault confirmed, and then a device on the source side operated, and activation confirmed at the control unit or transponder. | |  |  |  |  |
|  | Where fault isolation in data communication links is provided between control units or transponders and between transponders, introduce a short circuit fault and confirm annunciation of the fault and operation outside the shorted section between each pair of: | |  |  |  |  |
| 1. Control unit to control unit | |  |  |  |  |
| 1. Control unit to transponder | |  |  |  |  |
| 1. Transponder to transponder | |  |  |  |  |
|  | | | | | | |
| **Control Unit/Transponder Field Location:** | |  | | | |  |
| **Control Unit/Transponder Identification:** | |  | | | |  |
| **DCL Identification:** | |  | | | |  |
|  | | | | **Yes** | **No** | **N/A** |
|  | Confirm that a trouble signal is received at the control unit or transponder under an open loop fault. | |  |  |  |  |
|  | Where fault isolation modules are installed in data communication links serving field devices, wiring shorted on the isolated side, annunciation of the fault confirmed, and then a device on the source side operated, and activation confirmed at the control unit or transponder. | |  |  |  |  |
|  | Where fault isolation in data communication links is provided between control units or transponders and between transponders, introduce a short circuit fault and confirm annunciation of the fault and operation outside the shorted section between each pair of: | |  |  |  |  |
| 1. Control unit to control unit | |  |  |  |  |
| 1. Control unit to transponder | |  |  |  |  |
| 1. Transponder to transponder | |  |  |  |  |
|  | | | | | | |
| **Control Unit/Transponder Field Location:** | |  | | | |  |
| **Control Unit/Transponder Identification:** | |  | | | |  |
| **DCL Identification:** | |  | | | |  |
|  | | | | **Yes** | **No** | **N/A** |
|  | Confirm that a trouble signal is received at the control unit or transponder under an open loop fault. | |  |  |  |  |
|  | Where fault isolation modules are installed in data communication links serving field devices, wiring shorted on the isolated side, annunciation of the fault confirmed, and then a device on the source side operated, and activation confirmed at the control unit or transponder. | |  |  |  |  |
|  | Where fault isolation in data communication links is provided between control units or transponders and between transponders, introduce a short circuit fault and confirm annunciation of the fault and operation outside the shorted section between each pair of: | |  |  |  |  |
| 1. Control unit to control unit | |  |  |  |  |
| 1. Control unit to transponder | |  |  |  |  |
| 1. Transponder to transponder | |  |  |  |  |

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| **6.1 Printer Test** | | | | | | |
| **Printer Location:** | |  | | | |  |
| **Printer Identification:** | |  | | | |  |
|  | | | | **Yes** | **No** | **N/A** |
|  | Operates as per design and specification, or in accordance with documentation provided in Appendix E. | |  |  |  |  |
|  | Zone of each alarm initiating device is correctly printed. | |  |  |  |  |
|  | Rated voltage is present. | |  |  |  |  |

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| **6.5 Ancillary Device Circuit Test** | | | |
| Record Specific Type of Ancillary Circuit | Operation of Ancillary Circuit Confirmed | | |
| **Yes** | **No** | **N/A** |
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Note: The tests reported on this form do not include the actual operational test of ancillary devices except where noted.

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| **6. TESTING RESULTS – LEGEND AND NOTES** | | | |
| **Device** | **Description** | **Type** | **Model Number** |
|  | Manual Initiating Devices |  |  |
| **M** | Manual pull station |  |  |
| **MAS** | Manual Abort Station |  |  |
|  | Automatic Fire Detection Devices |  |  |
| **HD** | **Heat Detector**, restorable or non-restorable, fixed temperature (12) |  |  |
| **RHD** | **Heat Detector**, restorable, **rate-of-rise thermostat**  (12) |  |  |
| **S** | Ionization **Smoke** detector (4) |  |  |
| Sensitivity Test Method (or Test Equipment Model/Method): |  |  |
|  |
| Manufacturer’s Sensitivity Test Range: |
|  |
| **PS** | **Photo-electric Smoke** detector (4) |  |  |
| Sensitivity Test Method (or Test Equipment Model/Method): |  |  |
|  |
| Manufacturer’s Sensitivity Test Range: |
|  |
| **DS** | **Duct Smoke** detector (4, 5, 6) |  |  |
| Sensitivity Test Method (or Test Equipment Model/Method): |  |  |
|  |
| Manufacturer’s Sensitivity Test Range: |
|  |
| **MC** | **Multi-Criteria** typedetector (specify detection types) |  |  |
| Sensitivity Test Method (or Test Equipment Model/Method): |  |  |
|  |
| Manufacturer’s Sensitivity Test Range: |
|  |
| **CO** | **Carbon Monoxide** detector |  |  |
| **OD** | **Other Detector** type (specify) |  |  |
| **EOL(R)** | **End-of-Line** resistor (“**R**” indicates “Power Supervision Relay”) |  |  |
|  | **Fire Sprinkler Devices** |  |  |
| **FS** | Sprinkler **Flow Switch** (7) |  |  |
| **FPS** | Sprinkler **Flow Pressure Switch** (7) |  |  |
| **TS** | Sprinkler valve supervisory **Tamper Switch** (8) |  |  |
| **LA** | **Low Air** supervisory device (9) |  |  |
| **LT** | **Low Temperature** supervisory device (10) |  |  |
| **HTC** | **Heat Trace Controller** |  |  |
| **TLW** | **Tank Low Water** supervisory device |  |  |
|  | **Fire Alarm Signalling Devices** |  |  |
| **B** | **Bell** |  |  |
| **H** | **Horn** |  |  |
| **BZ(S)** | Mini **Buzzer** (“**S**” indicates “silenceable” type) |  |  |
| **SSB** | **Smoke Sounder Base** |  |  |
| **V** | **Visual** alarm device (specify strobe type or corridor indicator) |  |  |
| **SP** | Cone type **Speaker** |  |  |
| **HSP** | **Horn** **Speaker** |  |  |
| **AV** | Combination **Audible/Visual** Device - specify type (i.e. Horn/Strobe Unit) |  |  |
| **SCIM** | **Signal Circuit Isolation Module** |  |  |
| **ET** | **Emergency Telephone** (Fire Fighter’s Phone) |  |  |
|  | **Supporting Field Devices** (Addressable Systems) |  |  |
| **RPM** | **Remote Point Module** (13) |  |  |
| **SRIM** | **Single** point **Remote Initiating Module** |  |  |
| **DRIM** | **Dual** input **Remote Initiating Module** |  |  |
| **RPIM** | **Remote Point Isolator Module** (16) |  |  |
| **SCRM** | **Signal Circuit Remote Module** |  |  |
| **RRM(S)** | **Remote Relay Module** (“**S**” provides supervised outputs) |  |  |
|  | **Ancillary Devices** |  |  |
| **DH(M,FL)** | **Door Holder** (“**M**” is **Magnetic**, “**FL**” is **Fusible Link**) |  |  |
| **DM** | **Damper Motor** |  |  |
| **R** | **Relay** |  |  |
| **AD** | Other **Ancillary Device** (11) |  |  |
| **SA** | **Smoke Alarm** (specify single or multi-station type) |  |  |

**6.3, 6.4 INDIVIDUAL DEVICE TEST RECORD**

|  |  |  |  |
| --- | --- | --- | --- |
| **Column Legend** | | | |
| **A**  **B**  **C** | **Correctly installed**  **Unit requires service, repair, missing, or cleaning**  **Alarm operation confirmed** | **D**  **E**  **F**  **G** | **Annunciator indication confirmed**  **Circuit number or address**  **Smoke detector sensitivity**  **Output circuit operation confirmed** |

**“✓” Yes - Acceptable “X” No – Unacceptable (Explain NO answers in Remarks) “-” Not Applicable**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Location** | **Device** | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **Remarks** |
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**Note: Confirmation of wiring supervision and a ground fault simulation is only required at the end-of-line device**

**of a conventionally wired initiating or indicating circuit during the annual test.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Supervising Station Monitoring** | | | | | | | | |
| **5. Notification Made Prior to Testing** | | | | |  | | | **Time** |
|  | Monitoring Organization Contact: | |  | |  | | |  |
|  | Building Management Contact: | |  | |  | | |  |
|  | Building Occupants Contact: | |  | |  | | |  |
|  | Authority Having Jurisdiction Contact: | |  | |  | | |  |
|  | Other, if required: | |  | |  | | |  |
| **6.6 Supervising Station Monitoring Testing** | | | | | | | | |
| **Communicator Location:** | |  | | | | |  | |
| **Circuit Disconnect Means Location:** | |  | | | | |  | |
| **Circuit Panel/Breaker Identification:** | |  | | | | |  | |
|  | | | | | **Yes** | **No** | **N/A** | **Time** |
|  | The fire signal receiving centre transmitter is integral to the fire alarm control unit. | | |  |  |  |  |  |
|  | The fire signal receiving centre transmitter is located remotely from the fire alarm control unit. | | |  |  |  |  |  |
|  | Tested and confirmed operation of alarm relay. | | |  |  |  |  |  |
|  | Tested and confirmed operation of trouble relay. | | |  |  |  |  |  |
|  | Tested and confirmed operation of supervisory relay. | | |  |  |  |  |  |
|  | Confirm the alarm transmission to the signal receiving centre is received. | | |  |  |  |  |  |
|  | Confirm the alarm restoral transmission to the signal receiving centre is received. | | |  |  |  |  |  |
|  | Confirm the supervisory transmission to the signal receiving centre is received. | | |  |  |  |  |  |
|  | Confirm the supervisory restoral transmission to the signal receiving centre is received. | | |  |  |  |  |  |
|  | Confirm the trouble transmission to the fire signal receiving centre is received. | | |  |  |  |  |  |
|  | Confirm the trouble restoral transmission to the signal receiving centre is received. | | |  |  |  |  |  |
|  | Operation of the fire signal receiving centre transmitter bypass means results in a specific trouble indication at the fire alarm control unit or transponder and transmits a trouble signal to the fire signal receiving centre. | | |  |  |  |  |  |
| **6.7 Public Emergency Alarm Reporting System** | | | | | | | | |
|  | Confirm the alarm transmission to the signal receiving centre is received. | | |  |  |  |  |  |
|  | Confirm the alarm restoral transmission to the signal receiving centre is received. | | |  |  |  |  |  |
|  | Confirm the supervisory transmission to the signal receiving centre is received. | | |  |  |  |  |  |
|  | Confirm the supervisory restoral transmission to the signal receiving centre is received. | | |  |  |  |  |  |
|  | Confirm the trouble transmission to the fire signal receiving centre is received. | | |  |  |  |  |  |
|  | Confirm the trouble restoral transmission to the signal receiving centre is received. | | |  |  |  |  |  |
| **7. Notification That Testing Is Complete** | | | | | | | | |
|  | Monitoring Organization Contact: | |  | |  |  |  |  |
|  | Building Management Contact: | |  | |  |  |  |  |
|  | Building Occupants Contact: | |  | |  |  |  |  |
|  | Authority Having Jurisdiction Contact: | |  | |  |  |  |  |
|  | Other, if required: | |  | |  |  |  |  |
| **8. System Restored to Normal Operation (Post Test Checklist)** | | | | | | | | |
|  | Reconnect time limit cutouts? | | |  |  |  |  |  |
|  | Reconnect ancillary functions? | | |  |  |  |  |  |
|  | Reconnect ancillary functions (off site connections)? | | |  |  |  |  |  |
|  | Reconnect signal power? | | |  |  |  |  |  |
|  | Ensure that the fire alarm system is fully functional? | | |  |  |  |  |  |

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| **10. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF TESTING** |
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| **10. RECOMMENDATIONS** |
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| **10. GENERAL REMARKS** |
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| Insert Logo  Here | Service Company Information  (Address, Telephone, & Contact Information | | Unit Emergency Lighting Test & Inspection | | | | | |
| **Date of Service:** | | **Last Service Date:** | | | |
|  | |  | | | |
| **Monthly** | **Annual** | | | **Special Inspection** | |
| **Building Name:** | | | **Contact Person:** | | | **Phone:** | |  |
|  | | |  | | | **Fax:** | |  |
| **Address:** | | | **Owner/Strata Number:** | | | **Phone:** | |  |
|  | | |  | | | **Fax:** | |  |
| **City:** | | **State:** | **Zip Code:** | |  | | | |
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| **Monthly Inspection and Tests** | | | | **Annual Tests** | |
| **A** | Pilot lights are functioning? | **D** | Battery surface clean and dry? | **G** | Test to ensure lights function for a duration equal to design  criteria? |
| **B** | Terminal connections clean? | **E** | Electrolyte level and specific gravity, OK? | **H** | Test charging conditions for voltage & current recovery period to ensure charging system is functioning. |
| **C** | Terminal clamps clean and tight? | **F** | Proper light function - power loss? |

**“**✓**” - Yes (Acceptable) “X” - No (Unacceptable) (“NO” answers explained in “Remarks/Comments”)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Location of Unit** | **Monthly Inspection and Tests** | | | | | | **Annual Tests** | | **Times** | | **Voltage/**  **Size** | **Comments** |
| **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **On** | **Off** |
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| The information on this form (and in the documents attached here-to) attest to the fact that the equipment listed here-in was tested/inspected in conformance with applicable codes, bylaws, standards, and the manufacturer’s requirements by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked “comments”. A copy should be maintained on the premises. | | | |
| Company Name |  |  |  |
| **Technician Conducting Testing** | **Certification No.** | **Date** | **Technician Signature** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monthly Inspection and Tests** | | | | **Annual Tests** | |
| **A** | Pilot lights are functioning? | **D** | Battery surface clean and dry? | **G** | Test to ensure lights function for a duration equal to design  criteria? |
| **B** | Terminal connections clean? | **E** | Electrolyte level and specific gravity, OK? | **H** | Test charging conditions for voltage & current recovery period to ensure charging system is functioning. |
| **C** | Terminal clamps clean and tight? | **F** | Proper light function - power loss? |

**“**✓**” - Yes (Acceptable) “X” - No (Unacceptable) (“NO” answers explained in “Remarks/Comments”)**

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| **Location of Unit** | **Monthly Inspection and Tests** | | | | | | **Annual Tests** | | **Times** | | **Voltage/**  **Size** | **Comments** |
| **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **On** | **Off** |
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| **Remarks/Comments** |
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| Insert Logo  Here | Service Company Information  (Address, Telephone, & Contact Information | | Building Sprinkler Systems Tests | | | | | |
| **Date of Service:** | | **Last Service Date:** | | | |
|  | |  | | | |
| **Daily** | **Weekly** | **Monthly** | | | **Quarterly** |
| **Semiannual** | **Annual** | **Third Year** | | | **Fifth Year** |
| **Building Name:** | | | **Contact Person:** | | | **Phone:** |  | |
|  | | |  | | | **Fax:** |  | |
| **Address:** | | | **Owner/Strata Number:** | | | **Phone:** |  | |
|  | | |  | | | **Fax:** |  | |
| **City:** | | **State:** | **Zip Code:** | | |  |  | |
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**Summary of systems tested in accordance with the BC Fire Code and referenced Standards.**

|  |  |  |  |  |  |
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| **System** | **#1** | **#2** | **#3** | **#4** | **#5** |
| Wet |  |  |  |  |  |
| Dry pipe partial test |  |  |  |  |  |
| Dry pipe full flow test |  |  |  |  |  |
| Deluge |  |  |  |  |  |
| Pre-action |  |  |  |  |  |
| Other |  |  |  |  |  |
| Area of coverage |  |  |  |  |  |
| Size (gallons) |  |  |  |  |  |
| Manufacturer |  |  |  |  |  |
| System Water Pressure |  |  |  |  |  |
| Supply Water Pressure |  |  |  |  |  |
| System Air Pressure |  |  |  |  |  |
| Trip Pressure |  |  |  |  |  |
| Trip Time |  |  |  |  |  |
| **System** | **#6** | **#7** | **#8** | **#9** | **#10** |
| Wet |  |  |  |  |  |
| Dry pipe partial test |  |  |  |  |  |
| Dry pipe full flow test |  |  |  |  |  |
| Deluge |  |  |  |  |  |
| Pre-action |  |  |  |  |  |
| Other |  |  |  |  |  |
| Area of coverage |  |  |  |  |  |
| Size (gallons) |  |  |  |  |  |
| Manufacturer |  |  |  |  |  |
| System Water Pressure |  |  |  |  |  |
| Supply Water Pressure |  |  |  |  |  |
| System Air Pressure |  |  |  |  |  |
| Trip Pressure |  |  |  |  |  |
| Trip Time |  |  |  |  |  |

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| **Yes** | **No** | **Visual Pre-Inspection Check** | | | | | | |
|  |  | Compressor Manufacturer/Model No.: | |  | | Date of last compressor service: | |  |
|  |  | Designer: |  | | Engineer: | |  | |
|  |  | Corrosion evident? Sprinkler Heads  Joints  Hangers  Supply/Riser/Distribution Piping  Valves | | | | | | |
|  |  | Corrosion is: Minor  Moderate  Severe  Condition of heat tracing/insulation: Good  Fair  Poor  NA | | | | | | |
|  |  | Replacement of affected components is indicated. (“Yes” answer detailed in remarks section) | | | | | | |
|  |  | Remarks concerning the system have been made? (Please refer to the Comments/Remarks section of this report.) | | | | | | |

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| The information on this form (and in the documents attached here-to) attest to the fact that the equipment listed here-in was tested/inspected in conformance with applicable codes, bylaws, standards, and the manufacturer’s requirements by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked “comments”. A copy should be maintained on the premises. | | | |
| Company Name |  |  |  |
| **Technician Performing Test** | **Certification Number/Stamp** | **Date** | **Technician Signature** |

**“**✓**” = Yes - Tested correctly “X” = No - Did not test correctly (NO answers are detailed in “Comments/Remarks”) “NA” = Not applicable**

|  |  |  |  |  |  |
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| **Sprinkler System Inspection** | | | | | |
|  | **Daily / weekly if low temperature alarms are installed.** | |  |  | Oil level in normal range on air compressor? |
|  | (a) Enclosures - dry-pipe or deluge valves maintaining 40F/4C? | |  |  | Condition of oil in sight glass? Clean  Cloudy  Dirty |
|  | (b) Heat trace controller(s) power “on”. | |  |  | Filter checked? Replacement required? Yes  No  NA |
|  | (c) Is heat trace controller in “trouble”? Yes  No | |  |  | Belt checked for proper tension? Condition? Good  Worn |
|  | **Weekly** | |  |  | Inspect electrically supervised valves? |
|  | Relief port for reduced pressure & backflow prevention assemblies | |  |  | Alarm devices inspected to verify they are free from physical |
|  | is free from discharge? | |  |  | damage? |
|  | **Weekly and Monthly Inspection Items** | |  |  | Pressure regulating control valves shall be inspected. |
|  | Gauges on dry, pre-action and deluge systems in good condition? | |  |  | Sprinkler pressure regulating & control valves shall be inspected. |
|  | Inspect air pressure and water pressure? | |  |  | Fire department connection? |
|  | Control valves (and isolation valves on backflow prevention devices): | |  |  | **Annual inspection items.** |
|  | (a) In correct (open or closed) position? | |  |  | Buildings - prior to freezing weather? |
|  | (b) Sealed, locked or supervised and accessible? | |  |  | Hangers and seismic braces inspected from floor level? |
|  | (c) Free from external leaks? | |  |  | Pipe and fittings shall be inspected from floor level? |
|  | (d) Provided with appropriate wrenches? | |  |  | Sprinklers shall be inspected from floor level? |
|  | Alarm valve free from damage, trim in correct position, and no leakage? | |  |  | Spare sprinklers shall be inspected? |
|  | **Quarterly Inspection Items (in addition to above)** | |  |  | Interior of dry pipe valve shall be inspected at time of trip test? |
|  | Pre-action and deluge valves inspected externally & free from | |  |  | Pre-action/deluge valves shall be inspected internally? |
|  | damage? | |  |  | Interior of dry-pipe, pre-action, deluge valves internal inspection? |
|  | Electrical components in service? | |  |  | **Heat Tracing** - Check all connections tight, clamped & undamaged. |
|  | Gauges wet pipe in good condition and normal water pressure | |  |  | Check heat trace controller for trouble and ground fault response. |
|  | is being maintained? | |  |  | Check heat trace controller interconnection to fire alarm system. |
|  | Dry pipe valve/quick opening devices shall be inspected externally. | |  |  | **Fifth year inspection items.** |
|  | Backflow prevention assemblies shall be inspected (locked or | |  |  | Alarm valves & strainers, filters and restriction orifices passed |
|  | properly supervised by an acceptable electrical means). | |  |  | internal inspection? |
|  | Control valves shall be inspected. | |  |  | Pre-action/deluge valve and their associated strainers, filters and |
|  | Alarm valves shall be inspected externally. | |  |  | restriction orifices pass internal inspection? |
|  | Hydraulic name plate is properly affixed to the sprinkler riser? | |  |  | Dry pipe valves/quick opening devices internally inspect strainers, |
|  | Date on Label: |  |  |  | filters & orifices? |
|  | **Heat Tracing** - check pipe insulation for cuts or abrasions. | |  |  | Check Valves internally inspected and all parts operate properly, |
|  | Check exposed cable/connectors for chaffing, cuts, or abrasions. | |  |  | move freely and are in good condition? |
|  |  | |  |  | Interior of dry-pipe, pre-action, deluge valves internal inspection? |

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| **Sprinkler System Testing** | | | | | | | | | |
|  | **Quarterly Tests** | | |  | **Annual Testing** | | | | |
|  | Water flow alarms passed tests? | | |  | Are all sprinklers in service dated 1920 or later? | | | | |
|  | Control valves opened until spring or torsion is felt in the rod? | | |  | Fast Response sprinklers in service for less than 20 years | | | | |
|  | Valve supervisory switches indicate movement? | | |  | If “NO” test sample now and every 10 years? | | | | |
|  | Low air pressure alarms tested in as per mfg.’s requirements? | | |  | Record anti-freeze Specific Gravity: | |  | | |
|  | Pre-action/deluge valves (supervised) priming water tested? | | |  | All control valves operated thru full range and returned to normal? | | | | |
|  | Alarm device, test on dry pipe, pre-action or deluge system using | | |  | Pressure regulating valve shall pass a full flow test. | | | | |
|  | bypass? | | |  | Backflow prevention assemblies have been tested by an agency | | | | |
|  | Inspectors test connection opened? (wet pipe when not freezing) | | |  | acceptable to the local authority? Date: | | | |  |
|  | Bypass connection opened? (wet pipe, dry pipe, pre-action and | | |  | Forward flow test has been conducted. | | | | |
|  | deluge systems when not freezing) | | |  | Forward Flow Test results are recorded on the backflow test report? | | | | |
|  | Dry pipe valves/Quick opening devices (supervised) priming water | | |  | Standard sprinklers less than 50 years old. If “no” has a sample | | | | |
|  | tested for compliance with manufacturers’ instructions? | | |  | been tested within 10yrs, If “no” test sample now and every 10yrs. | | | | |
|  | Quick opening devices passed test? | | |  | Low temperature alarms in dry pipe, pre-action and deluge | | | | |
|  | Main drain test shall be conducted on each system riser. | | |  | valve enclosure passed test? | | | | |
|  | Record Static pressure: |  | PSIG  KPAG |  | Main Drain test shall be conducted on each system riser. | | | | |
|  | Residual pressure: |  | PSIG  KPAG |  | Record Static pressure: |  | | PSIG  KPAG | |
|  |  | | |  | Residual pressure: |  | | PSIG  KPAG | |
|  |  | | |  | Are results comparable to previous tests? | | | | |

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| **Special Suppression Systems & Additional Sprinkler System Testing Requirements** | | | | | | | | | | | |
|  | | **Pre-action and deluge valve full flow trip test:** (Note: Except | | | |  | | Auto air maintenance devices on dry pipe & pre-action passed | | | |
|  | | where water cannot be discharged, test all systems simultaneously.) | | | |  | | test? | | | |
|  | | Water discharge from all nozzles unimpeded? | | | |  | | All sprinkler pressure regulating control valves passed full flow | | | |
|  | | Pressure reading at | |  | |  | | test? | | | |
|  | | hydraulically most remote nozzle: | |  | PSIG  KPAG |  | | **Dry-pipe full flow trip test (to be done every 3rd year):** | | | |
|  | | Residual pressure reading at valve: | |  | PSIG  KPAG |  | | Was water delivered to inspectors test connection? | | | |
|  | | Was flow observed? | | | |  | | Initial air pressure: | |  | PSIG  KPAG |
|  | | Are above readings comparable to design values? | | | |  | | Water pressure: | |  | PSIG  KPAG |
|  | | Manual activation devices passed test? | | | |  | | Trip air pressure: | |  | PSIG  KPAG |
|  | | Automatic air pressure maintenance devices passed test? | | | |  | | Tripping time: | |  | Seconds |
|  | | **Dry pipe valve partial flow trip test:** | | | |  | | Date of trip test (from records on site) : | | |  |
|  | | Initial air pressure: |  | PSIG  KPAG | |  | | **Tests to be done every fifth year:** | | | |
|  | | | | Water pressure: |  | PSIG  KPAG | |  | | Extra High, Very Extra High and Ultra High Temp sprinklers | | | |
|  | | Trip air pressure: |  | PSIG  KPAG | |  | | tested? | | | |
|  | | Tripping time: |  | Seconds | |  | | Gauges checked against calibrated gauge or replaced? | | | |
|  | | Are the results comparable to previous test? | | | |  | | Date of service (from records on site): | | |  |
|  | | Post indicator valves opened until spring or torsion is felt in rod. | | | |  | | Are above results comparable to previous tests? | | | |
|  | | | | | | | | | | | |

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| **Sprinkler System Maintenance Items** | | | | |
|  | **Regular Maintenance Items** |  | Failure to flush yard piping or surrounding public mains | |
|  | If sprinklers have been replaced, were they proper replacements? |  | following new installation or repairs? | |
|  | Air leaks in dry-pipe system resulting in air pressure loss more than |  | Record of broken mains in the vicinity? | |
|  | 10 psi/week repaired? |  | Abnormally frequent false tripping of dry-pipe valves? | |
|  | Dry-pipe systems being maintained in dry condition? |  | System is returned to service after an extended period of | |
|  | **If any of the following were discovered, was an obstruction** |  | non-service? | |
|  | **investigation conducted and the system flushed? Yes  No** |  | There is reason to believe the system contains sodium silicate? | |
|  | 1. Defective intake screen for pumps taking suction from open |  | **Annual Maintenance Items** | |
|  | sources? |  | Operating stem of all OS&Y valves lubricated, completely | |
|  | 2. Obstructive material discharged during water flow tests? |  | closed. and reopened? | |
|  | 3. Foreign materials found in dry-pipe valves, check valves or |  | Interior of dry-pipe, pre-action and deluge valves cleaned? | |
|  | pumps? |  | Low points drained in dry pipe, pre-action & deluge systems | |
|  | 4. Heavy discoloration of water during drain test or plugging of |  | prior to freezing weather? | |
|  | inspector's test connection? |  | Sprinklers and spray nozzles protecting commercial cooking | |
|  | 5. Plugging of sprinklers found during activation or alteration? |  | equipment and ventilating systems replaced except for bulb- | |
|  | 6. Plugging found in piping dismantled during alterations? |  | type which show no sign of grease buildup? | |
|  | | | | |
| **Remarks/Comments:** | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Insert Logo  Here | Service Company Information  (Address, Telephone, & Contact Information | | | | **Building Stand-pipe & Hose Systems Tests** | | | | | | |
| **Date of Service:** | | **Last Service Date:** | | | | |
|  | |  | | | | |
| System in service on inspection?  YES  NO | | Fire Department Connection?  YES  NO | | | | |
| Control valves locked or supervised?  YES  NO | | Flow switch installed?  YES  NO | | | | |
|  | | | | | Fire Pump installed?  YES  NO | | Jockey Pump installed?  YES  NO | | | | |
| **Building Name:** | | | | |
|  | | | | | Pressure regulating device present?  YES  NO | | Hose nozzles in place?  YES  NO | | | | |
| **Address:** | | | | |
|  | | | | | Length of hose provided: |  | | | meters  feet | | |
| **City:** | | | **State/Zip Code:** | | Hose is: Lined  Unlined | |  | | | | |
|  | | |  | | Supply water pressure: | |  | | | PSIG  KPAG | |
|  | | | | | System water pressure: | |  | | | PSIG  KPAG | |
| **Contact Person:** | | **Phone:** | |  | **Central Station:** | | | **Phone:** | | |  |
|  | | **Fax:** | |  |  | | | **Fax:** | | |  |
| **Owner/Strata Number:** | | **Phone:** | |  | **Management Company:** | | | **Phone:** | | |  |
|  | | **Fax:** | |  |  | | | **Fax:** | | |  |
|  | |  | |  | **System Class:**  **I**  **II**  **III** | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **General Observation Items:** |
|  |  |  |
|  |  | Is the building fully sprinklered? (NO – See Remarks) |
|  |  | Is the building occupied? (NO – See Remarks) |
|  |  | Has the occupancy classification & hazard of contents remained the same? (YES – See Remarks) |
|  |  | Are all existing fire protection systems in service? (NO – See Remarks) |
|  |  | Have modifications or renovations been done since the last inspection? (YES – See Remarks) |
|  |  | Have any system devices (including alarms) been actuated since the last inspection? (YES – See Remarks) |
|  |  |  |

**“**✓**” = Yes - Tested correctly “X” = No - Did not test correctly (NO answers are detailed in “Comments/Remarks”) “NA” = Not applicable**

|  |  |  |  |
| --- | --- | --- | --- |
| **Inspection Items** | | | |
|  | **Daily - Weekly** |  | ***Hose Rack Pressure Reducing Valves:*** |
|  | Enclosures dry-pipe valves maintaining 4C or 40degF? |  | Hand wheel is not broken or missing? |
|  | Check relief port on pressure reducer valves are not leaking? |  | No leaks are present? |
|  | Control valves inspected for condition (“Open” or “Closed” as required). |  | ***Piping:*** |
|  | Gauges on dry system (no low pressure alarm)? |  | Piping undamaged? |
|  | **Quarterly** |  | Control valves undamaged? |
|  | Backflow Prevention Assembly - OS&Y valves are in the normal “Open” |  | Supervisory devices undamaged? |
|  | position? |  | No visible obstructions? |
|  | Reduced pressure assembly valves inspected for leaks or corrosion? |  | No missing or damaged pipe support devices? |
|  | Tamper switches inspected (covers secured, leaks or corrosion)? |  | ***Hose Connections/Valves:*** |
|  | Gauges to ensure good condition and normal pressure? |  | Cap in place and not damaged? |
|  | Components of standpipe system inspected? |  | Fire hose connection undamaged? |
|  | Fire department Siamese connection checked (covers in place & secure)? |  | Valve handles in place? |
|  | ***Hose Connection Pressure Reducing Valves:*** |  | Cap gaskets in place and in good condition? |
|  | Hand wheel is not broken or missing? |  | Valves not leaking? |
|  | Outlet hose threads are undamaged? |  | Restricting orifice in place? |
|  | No leaks are present? |  | Manual, semiautomatic, or dry standpipe valve operates |
|  | Reducer and cap are not missing? |  | smoothly? |

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| The information on this form (and in the documents attached here-to) attest to the fact that the equipment listed here-in was tested/inspected in conformance with applicable codes, bylaws, standards, and the manufacturer’s requirements by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked “comments”. A copy should be maintained on the premises. | | | |
| Company Name |  |  |  |
|  |
| **Technician Performing Test** | **Certification No.** | **Date** | **Technician Signature** |

**“**✓**” = Yes - Tested correctly “X” = No - Did not test correctly (NO answers are detailed in “Comments/Remarks”) “NA” = Not applicable**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Inspection Items** | | | | | | | |
|  | **Annually** | | | | |  | ***Hose Storage Devices:*** |
|  | ***Hoses:*** | | | | |  | Operates easily? |
|  | Free from mildew, cuts and deterioration? | | | | |  | Devices undamaged, unobstructed? |
|  | Couplings of compatible threads and undamaged? | | | | |  | Hose properly racked or rolled? |
|  | Gaskets in place and in good condition? | | | | |  | Nozzle clips in place and nozzles contained? |
|  | Hose(s) connected? | | | | |  | Will racks swing out of the cabinet at least ninety (90) degrees? |
|  | Hose hydrostatic test dates are noted on page numbers: | | |  |  |  | ***Storage Cabinets:*** |
|  |  | | | | |  | Glass break device in place? |
|  | ***Nozzles:*** | | | | |  | Cabinets accessible and identified? |
|  | Nozzles & gaskets in place and in good condition? | | | | |  | All parts (valves, hoses and fire extinguishers) accessible? |
|  | No visible obstructions? | | | | |  | Adequate heat available to areas where wet pipe is located? |
|  | Nozzles operate smoothly? | | | | |  | No visible obstructions? |
|  | Nozzle is intact with no parts missing? | | | | |  | Cabinets have no corroded or damaged parts? |
|  | Full operation of adjustments (such as pattern selection)? | | | | |  | Cabinets easy to fully open? |
|  |  | | | | |  | Door glazing in good condition? |
|  |  | | | | |  | Latches functional (including break-glass type)? |
| **Testing Items** | | | | | | | |
|  | **Quarterly** | | | | |  | **5 Year** |
|  | Water flow alarms passed test and provide correct annunciation? | | | | |  | Hose Connection Pressure Reducing Valve passed flow test? |
|  | Valve supervisory switches indicate movement? | | | | |  | Hose Rack Assembly Pressure Reducing Valve passed flow test? |
|  | Control valves shall be opened until spring or torsion is felt in the rod? | | | | |  | Hydrostatic test at not less than 13.8 bar (200 psi) for 2 hours or |
|  | Jockey pump operational and in good condition? | | | | |  | at 3.4 bar (50 psi) in excess of maximum pressure? |
|  | Valve supervisory switches tested? | | | | |  | Flow Test - by flowing the required volume of water at design |
|  | **Annually** | | | | |  | pressure to the hydraulically most remote hose connection? |
|  | Control valves shall be operated through its full range and returned to | | | | |  | Check-valves internally inspected and all parts operate properly, |
|  | normal. | | | | |  | move freely, and are in good condition? |
|  | Main Drain test shall be conducted on each system riser. | | | | |  | Pressure control valve passed test? |
|  | Static pressure: |  | PSIG  KPAG | | |  | Gauges: Tested and Calibrated  Replaced |
|  | Residual pressure: |  | PSIG  KPAG | | |  |  |
|  | Hose connection pressure reducing valves partial flow test. | | | | |  |  |
|  | Hose rack assembly pressure reducing valve partial flow test. | | | | |  |  |
|  | Backflow prevention assembly shall be tested at the design flow. | | | | |  |  |
|  | Are results comparable to previous tests? | | | | |  |  |

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| **Maintenance Items** | | | |
|  | **Annually** |  | Control Valves - OS&Y stems shall be lubricated? |
|  | Hose nozzles - open and close and lubricate if necessary. |  | Hose connections? |
|  | Swing out Racks - lubricate and ensure proper operation. |  | Low points in dry systems drained prior to freezing weather? |
|  | Hoses re-racked? |  | **5 Year** |
|  | Interior of dry pipe valve cleaned? |  | Check valves internally inspected and operating properly? |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Standpipe Hydrostatic and Flow Test Results (to be completed every five years)** | | | | | | | | | | | | | |
| Date of last hydro-test: | |  | |  | | | Date of last flow test: |  | | |  | | |
| Start Time: |  | | End Time: | |  |  | Start Time: | |  | End Time: | |  |  |
| Initial Test Pressure: |  | | Bar (PSI) | | | | Static Pressure: | |  | Bar (PSI) | | | |
| End Test Pressure: |  | | Bar (PSI) | | | | Residual Pressure:: | |  | Bar (PSI) | | | |
|  | | | | | | | Pitot Pressure: | |  | Bar (PSI) | | | |
|  | | | | | | | Nozzle Diameter: | |  | cm  inches | | | |
|  | | | | | | | Flow Rate: | |  | liters/min  gallons/min | | | |
| **Notes:**   1. Flow tests are to be conducted from the hydraulically most remote standpipe outlet. 2. For Class I or III systems, the minimum flow should be 1893 liters/min (500 gallons/min) at a residual pressure of 6.9 bar (100 psi) 3. For Class II systems, the minimum flow should be 379 liters/min (100 gallons/min) at a residual pressure of 4.5 bar (65 psi) | | | | | | | | | | | | | |

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| **Comments/Remarks:** |
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| Insert Logo  Here | Service Company Information  (Address, Telephone, & Contact Information | | Extinguisher/Fire Hose Unit Tests | | | | | |
| **Date of Service:** | | **Last Service Date:** | | | |
|  | |  | | | |
| **Monthly** | **Annual** | | | **Special Inspection** | |
| **Building Name:** | | | **Contact Person:** | | | **Phone:** | |  |
|  | | |  | | | **Fax:** | |  |
| **Address:** | | | **Owner/Strata Number:** | | | **Phone:** | |  |
|  | | |  | | | **Fax:** | |  |
| **City:** | | **State:** | **Zip Code:** | |  | | | |
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| **Column Legend** | | | |
| **Mfg. Date**  **Svc Date** | **Date of Manufacture (year only)**  **Last Major Service Date (year only)** | **Major Service Performed** | |
| **R**  **M**  **H** | **Recharge**  **Internal Maintenance**  **Hydrostatic Test** |

**“**✓**” = Yes - Acceptable “X” = No - Not Acceptable (Explain “NO” answers in comments).**

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| **EXTINGUISHERS/HOSES** | | | | | | | |
| **LOCATION** | **SIZE / TYPE** | **SERIAL #** | **Mfg.**  **Date** | **Svc**  **Date** | **R**  **M**  **H** |  | **REMARKS** |
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| The information on this form (and in the documents attached here-to) attest to the fact that the equipment listed here-in was tested/inspected in conformance with applicable codes, bylaws, standards, and the manufacturer’s requirements by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked “comments”. A copy should be maintained on the premises. | | | |
| Company Name |  |  |  |
| **Technician Performing Test** | **Certification No.** | **Date** | **Technician Signature** |

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| --- | --- | --- | --- |
| **Column Legend** | | | |
| **Mfg. Date**  **Svc Date** | **Date of Manufacture (year only)**  **Last Major Service Date (year only)** | **Major Service Performed** | |
| **R**  **M**  **H** | **Recharge**  **Internal Maintenance**  **Hydrostatic Test** |

**“**✓**” = Yes - Acceptable “X” = No - Not Acceptable (Explain “NO” answers in comments).**

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| **EXTINGUISHERS/HOSES** | | | | | | | |
| **LOCATION** | **SIZE / TYPE** | **SERIAL #** | **Mfg.**  **Date** | **Svc**  **Date** | **R**  **M**  **H** |  | **REMARKS/COMMENTS** |
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| **Comments/Notations:** |
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| Insert Logo  Here | Service Company Information  (Address, Telephone, & Contact Information | | Building Fire Pump Tests (NFPA-25) | | | | | |
| **Date of Service:** | | **Last Service Date:** | | | |
|  | |  | | | |
| **Daily** | **Weekly** | **Monthly** | | | **Quarterly** |
| **Semiannual** | **Annual** | **Third Year** | | | **Fifth Year** |
| **Building Name:** | | | **Contact Person:** | | | **Phone:** |  | |
|  | | |  | | | **Fax:** |  | |
| **Address:** | | | **Owner/Strata Number:** | | | **Phone:** |  | |
|  | | |  | | | **Fax:** |  | |
| **City:** | | **State/Zip:** | **Central Station:** | | | **Phone:** |  | |
|  | |  |  | | | **Fax:** |  | |

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| **NAME PLATE INFORMATION:** | | | | | | | | | | | |
| **PUMP** | | | | **MOTIVATOR** | | | | | | | |
| Make: |  | |  | Type: | Diesel  Electric  Other: | | | |  | | |
| Model: |  | |  | Make: |  | | Serial Number: | |  | | |
| Serial Number: |  | |  | Model: |  | | Size: | |  | | HP |
| Capacity @ 100%: |  | GPM LPM | | Voltage: |  | | Full Load Current: | |  | | Amps |
| Rated Head @ 100%: |  | PSIG  KPAG | | Enclosure: |  | | Rated Speed: | |  | | RPM |
| Capacity @ 150%: |  | GPM LPM | | No. of Cylinders: |  | |  | | | | |
| Rated Head @ 150% |  | PSIG  KPAG | | **CONTROLLER** | | | | | | | |
| Shut-off Head: |  | PSIG  KPAG | | Make: | |  | | Serial Number: | |  | |
| Supply Pressure: |  | PSIG  KPAG | | Model: | |  | | Transfer Switch? | | Yes No | |
|  | | | |  | | | |  | | | |

NOTE: The pump manufacturer may specify additional testing requirements. The printed maintenance and testing guide must be followed.

**“**✓**” = Yes - Tested correctly “X” = No - Did not test correctly (NO answers are detailed in “Comments/Remarks”) “NA” = Not applicable**

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| **FIRE PUMP INSPECTION ITEMS** | | | | | | | | | | | |
|  | **WEEKLY INSPECTION ITEMS** | | | |  | |  | Battery terminals clean, tight and free from corrosion | | | |
|  | **Fire Pump Room/Enclosure** | | | |  | |  | All alarm & trouble indicators are off (activate visual lamp test function) | | | |
|  | Heated to maintain temperature above 4C / 40deg | | | |  | |  | **Exhaust System** | | | |
|  | Suction and discharge pressure gauges free from damage | | | |  | |  | Inspected for leakage | | | |
|  | Ventilation louvers are unobstructed and free to operate | | | |  | |  | Condensation trap drained | | | |
|  | **System Piping and Valve Condition** | | | |  | |  | **Electrical System Conditions** | | | |
|  | Pump suction, discharge and bypass valves in normal position | | | |  | |  | Controller power light on | | | |
|  | Inspect associated piping for leaks | | | |  | |  | Transfer switch normal, pilot light illuminated | | | |
|  | Suction line pressure normal? |  | | PSIG  KPAG |  | |  | Isolating switch closed - standby (emergency) source | | | |
|  | System line pressure normal? |  | | PSIG  KPAG |  | |  | Reverse phase alarm pilot light off? | | Yes  No  NA | |
|  | Suction reservoir full? | | | |  | |  | Normal phase rotation pilot lamp on? | | Yes  No  NA | |
|  | Wet pit suction screens are unobstructed and properly installed | | | |  | |  | Oil level is normal (check sight glass) | | Yes  No  NA | |
|  | **Diesel Engine Condition Inspection** | | | |  | |  | Condition of oil in sight glass? Clean  Cloudy  Dirty | | | |
|  | Fuel level is not less than 70% of full capacity | | | |  | |  | Visual lamp test successful? | | | |
|  | Controller selector switch is in “auto” position | | | |  | |  |  | | | |
|  | Batteries (2) voltage readings are normal | | | |  | |  | **ANNUAL INSPECTION ITEMS** | | | |
|  | Batteries (2) charging current is normal | | | |  | |  | Check pump shaft end-play? | | | |
|  | Batteries (2) status indicator lamps are normal | | | |  | |  | Check accuracy of pressure gauges and sensors? | | | |
|  | Electrolyte level in batteries is normal | | | |  | |  | Check pump coupling alignment? | | | |
|  | Engine hour clock reading: |  | | hours |  | |  | Inspect emergency manual starting means (without power)? | | | |
|  | Oil level in right angle gear drive is normal | | | |  | |  | Tighten electrical connection as required? | | | |
|  | Crankcase oil level is normal | | | |  | |  | Inspect mechanical moving parts for lubrication (not starters/relays) | | | |
|  | Condition of oil? Clean  Cloudy  Dirty | | | |  | |  | Inspect calibrated pressure switch settings? | | | |
|  | Cooling water level is normal | | | |  | |  | Inspect duct work for combustion air? | | | |
|  | Water-jacket/engine block heater is operating | | | |  | |  | Inspect exhaust hangers and supports? | | | |
| The information on this form (and in the documents attached here-to) attest to the fact that the equipment listed here-in was tested/inspected in conformance with applicable codes, bylaws, standards, and the manufacturer’s requirements by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked “comments”. A copy should be maintained on the premises. | | | | | | | | | | |
| Company Name | | |  | | |  | | |  | |
| **Technician Performing Test** | | | **Certification No.** | | | **Date** | | | **Technician Signature** | |

**“**✓**” = Yes - Tested correctly “X” = No - Did not test correctly (NO answers are detailed in “Comments/Remarks”) “NA” = Not applicable**

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| **FIRE PUMP TESTING ITEMS** | | | | | | | | | | | | | | | | | | | | |
| **WEEKLY ACTION ITEMS** | | | | | | | | | | | | | | | | | | | | |
|  | | **Piping & Associated Equipment** | | | | | | | | |  | **Diesel Engine Driven Pump Test** | | | | | | | | |
|  | | Pump operated without flowing water: 10 minutes  30 minutes | | | | | | | | |  | Pump run for thirty (30) minutes | | | | | | | | |
|  | | Packing gland checked. Minor leak at no flow? Yes  No | | | | | | | | |  | Oil Pressure: | |  | | | PSIG  KPAG | | | |
|  | | Suction pressure at gauge: | |  | PSIG  KPAG | | | | | |  | Oil Temperature: | |  | | | | C  F | | |
|  | | Discharge pressure at gauge : | |  | PSIG  KPAG | | | | | |  | Engine Speed: | |  | | | | RPM | | |
|  | | Packing gland adjusted as required? Yes  No | | | | | | | | |  | Water Temperature: | |  | | | | C  F | | |
|  | | Checked for unusual noise or vibration? | | | | | | | | |  | Record time for diesel engine to crank: | | | |  | | | seconds | |
|  | | Check packing boxes, bearings or pump casing for overheating? | | | | | | | | |  | Time for engine to normal run speed: | | | |  | | | seconds | |
|  | | Record pump start pressure : | |  | PSIG  KPAG | | | | | |  | Heat exchanger checked for cooling water flow? | | | | | | | | |
|  | | **Electrically Driven Pump Test** | | | | | | | | |  | Is the controller performing run tests automatically? Yes  No | | | | | | | | |
|  | | Pump run for ten (10) minutes | | | | | | | | |  | Test log reviewed via visual display at controller? Yes  No | | | | | | | | |
|  | | Time for motor to accelerate to full speed: | | |  | | | seconds | | |  | Date last automatic test logged? | | |  | | | | | |
|  | | For reduced voltage or reduced current starting, record time | | | | | | | | |  |  | | | | | | | | |
|  | | controller is on first step: | |  | seconds | | | | | |  |  | | | | | | | | |
|  | | Record automatic stop time: | |  | minutes | | | | | |  |  | | | | | | | | |
|  | |  | | | | | | | | |  |  | | | | | | | | |
| **FIRE PUMP TESTING ITEMS** | | | | | | | | | | | | | | | | | | | | |
|  | | **Monthly testing** | | | | | | | | |  | **Semiannual** | | | | | | | | |
|  | | Exercise isolating switch & circuit breaker for proper operation? | | | | | | | | |  | Operate manual starting means (electrical) | | | | | | | | |
|  | | Test circuit breakers and fuses for proper operation? | | | | | | | | |  | Operation of safety devices and alarms? | | | | | | | | |
|  | | Test batteries for specific gravity and state of charge? | | | | | | | | |  | Check concentration of antifreeze? | | | | | | | | |
|  | | **Steam Systems Testing Procedure** | | | | | | | | |  | **Annual** | | | | | | | | |
|  | Steam pressure gauge reading: | |  | | | PSIG  KPAG | | | | |  | | Operate emergency starting means (without power) | | | | | | | | |
|  | | Time for turbine to reach operating speed: | | |  | | seconds | | | |  | Trip circuit breaker if provided? | | | | | | | | |
|  | |  | | | | | | | | |  | Diesel tanks and overflow piping unobstructed? | | | | | | | | |
|  | |  | | | | | | | | |  | Test exhaust for excessive back pressure? | | | | | | | | |
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| **Comments/Notations:** | | | | | | | | | | | | | | | | | | | |
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