

Insert Logo Here Service Company Information (Address, Telephone, & Contact Information)		Building Life Safety Systems Testing		
		Date of Service:	Last Service Date:	Work Order Number:
Building Name:		Contact Person:	Phone:	
Address:		Owner/Strata Number:	Fax:	
City:	Postal Code:	Monitoring/Central Station:	Phone:	
			Fax:	

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 Canadian 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 Provincial 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				

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 in accordance with NFC 2015 Division C Clause 2.2.1.2.

Company Name			
Service Manager		Date	Owner or Authorized Agent

Building Fire Alarm/EVAC System Testing			
Insert Logo Here Service Company Information (Address, Telephone, & Contact Information)	Date of Service:		Last Service Date:
	Annual Inspection		Special Inspection/Audit
	Direct Connection		
	Single Stage	Two Stage	Number of Conventional Zones:
	Addressable	Conventional	Initiating:
Manufacturer:		Model Number:	ULC Serial Number:
Building Name:		Contact Person:	Phone:
Address:		Owner/Property Manager/Strata Number:	Fax:
City:		Monitoring/Central Station:	Phone:
Postal Code:			Fax:

Yes	No	Summary	(FOLLOWS CAN/ULC-S536-13 Appendix "C", FIRE ALARM SYSTEM ANNUAL TEST & INSPECTION REPORT)
<input type="checkbox"/>	<input type="checkbox"/>	The fire alarm system is now fully functional without deficiencies.	
<input type="checkbox"/>	<input type="checkbox"/>	The fire alarm system has deficiencies <input type="checkbox"/> remarks <input type="checkbox"/> noted. These comments start on page _____.	
<input type="checkbox"/>	<input type="checkbox"/>	The entire fire alarm system has been tested in accordance with CAN/ULC-S536-13.	
<input type="checkbox"/>	<input type="checkbox"/>	The fire alarm system has been tested in accordance with CAN/ULC-S537.	
<input type="checkbox"/>	<input type="checkbox"/>	The system is tagged/labelled as having been tested in accordance with CAN/ULC-S537.	
<input type="checkbox"/>	<input type="checkbox"/>	The fire alarm system documentation is on site and includes a description of the system.	
<input type="checkbox"/>	<input type="checkbox"/>	Sequence of operation confirmed and tested.	
<input type="checkbox"/>	<input type="checkbox"/>	A copy of this report will be given to: _____ (the owner or owner's representative for the building).	

Yes	NA	Technician's Post Test Checklist	
<input type="checkbox"/>	<input type="checkbox"/>	Reconnect time limit cutouts?	Estimated number of End-of-Line Resistors*: _____ Actual number of End-of-Line Resistors tested: _____ *(Determined by the total number of conventional zones noted above.)
<input type="checkbox"/>	<input type="checkbox"/>	Reconnect ancillary functions?	
<input type="checkbox"/>	<input type="checkbox"/>	Reconnect ancillary functions (off site connections)?	
<input type="checkbox"/>	<input type="checkbox"/>	Reconnect signal power?	
<input type="checkbox"/>	<input type="checkbox"/>	Advise fire department that testing is completed?	
<input type="checkbox"/>	<input type="checkbox"/>	Advise central monitoring facility that testing is completed?	
<input type="checkbox"/>	<input type="checkbox"/>	Ensure that the fire alarm system is fully functional?	

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, 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 in accordance with NFC 2015 Division C Clause 2.2.1.2.			
Company:			
Supervising/Primary Technician Name	Certification No.	Date	Signature
Company:			
Technician Conducting Test and Inspection	Certification No.	Date	Signature

BUILDING LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM INSPECTION AND TESTING (CAN/ULC-S536-13)

Date:	Address:
Building Name:	City/Town:

Documentation (Recommended Additional Items <u>Not</u> Mandated by the Standard)			
	Yes	No	N/A
Instructions for resetting the system and silencing alarm signals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructions for silencing the trouble signal and action to be taken when the trouble signal sounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of the function of each operating control and indicator on the fire alarm control unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of alarm signal operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of ancillary equipment controlled by the fire alarm system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of elevator homing functions activated by the fire alarm system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnetic door holder release activated by fire alarm system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire shutter release activated by fire alarm system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extinguishing system controlled by fire alarm system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Safety Plan documentation on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructions to Occupants/Evacuation Floor Plans are posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building diagrams are on site that clearly indicates the type and location of all smoke control equipment (fans, dampers, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional documentation relating to smoke control measures in the building is appended to this report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:			

BUILDING LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM INSPECTION AND TESTING (CAN/ULC-S536-13)

Date:	Address:
Building Name:	City/Town:

C2.1 Control Unit or Transponder Tests				
Control Unit/Transponder Field Location:				
Control Unit/Transponder Identification:				
		Yes	No	N/A
A	Power 'on' visual indicator operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Common visual trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Common audible trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Trouble signal silence switch operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Main Power supply failure trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Ground fault tested on positive and negative initiates trouble signal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Alert signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Alarm signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Automatic transfer from alert signal to alarm signal operates. Time: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Manual transfer from alert signal to alarm signal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Automatic transfer from alert to alarm signal cancel (acknowledge) operates on a two stage system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Alarm signal silence inhibit function operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Alarm signal manual silence operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Alarm signal silence visual indication operates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	Alarm signal and visible signal devices, when silenced, automatically reinitiate upon subsequent alarm. <input type="checkbox"/> In same zone <input type="checkbox"/> In other zone/circuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	Alarm signal silence automatic cut-out timer. Time: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q	Audible and visual alert signals and alarm signals programmed and operate per design and specification, or documentation as detailed in Appendix E, Description of Fire Alarm System for Inspection and Test Procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R	Input circuit alarm and supervisory operation, including audible and visual indication operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	Input circuit supervision fault causes a trouble indication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T	Output circuit alarm indicators operate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U	Output circuit supervision fault causes a trouble indication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V	Visual indicator test (lamp test) operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W	Coded signal sequences operate not less than the required number of times and the correct alarm signal operates thereafter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X	Coded signal sequences are not interrupted by subsequent alarms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y	Ancillary device by-pass results in trouble signal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AA	Fire alarm reset function operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BB	Main power to emergency power supply transfer operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CC	Smoke detector alarm verification (status change confirmation) verified. [Refer to Subsection 6.7.4.3, Smoke Detector Alarm Verification (Status Change Confirmation)].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended Additional Testing (not mandated by the Standard):		Yes	No	N/A
Alarm, trouble, & supervisory relays function correctly.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control panel bonded to ground.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is an AC disconnecting switch installed? YES <input type="checkbox"/> NO <input type="checkbox"/>				
(ULC CAN4-S524 restricts this, but some AHJs will accept it. A "YES" answer here must be noted in the "Remarks" section of this report.)				

BUILDING LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM INSPECTION AND TESTING (CAN/ULC-S536-13)

Date:	Address:
Building Name:	City/Town:

C2.2 Voice Communication Test				
Location:				
Identification:				
		Yes	No	N/A
A	Power 'on' visual indicator operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Common visual trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Common audible trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Trouble signal silence switch operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	All-call voice paging, including visual indicator, operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Output circuits for selective voice paging, including visual indication, operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Output circuits for selective voice paging trouble operation, including visual indication, operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Microphone, including press to talk switch, operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Operation of voice paging does not interfere with initial inhibit time of alert signal and alarm signal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	All-call voice paging operates (on emergency power supply).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Upon failure of one amplifier, system automatically transfers to backup amplifier(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Circuits for emergency telephone call-in operation, including audible and visual indication operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Circuits for emergency telephones for operation, including two-way voice communication, operate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Circuits for emergency telephone trouble operation, including visual indication, operate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	Emergency telephone verbal communication operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	Emergency telephone operable or in-use tone at handset operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended Additional Testing (not mandated by the Standard):		Yes	No	N/A
	Visual indicator test (lamp test) operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Main power to emergency power supply transfer operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Communication control enclosure bonded to ground.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trouble signal on the voice communication system results in common trouble signal on the fire alarm system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dead-front panel(s) in place & as per manufacturer's specification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUILDING LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM INSPECTION AND TESTING (CAN/ULC-S536-13)

Date:		Address:	
Building Name:		City/Town:	

C2.3 Control Unit or Transponder Inspection				
Control Unit/Transponder Field Location:				
Control Unit/Transponder Identification:				
		Yes	No	N/A
A	Input circuit designations correctly identified in relation to connected field devices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Output circuit designations correctly identified in relation to connected field devices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Correct designations for common control functions and indicators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Plug-in components and modules securely in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Plug-in cables securely in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Record the date, revision and version of firmware: Date: _____ Revision: _____ Version: _____			
	Record the date, revision and version of the program software: Date: _____ Revision: _____ Version: _____			
G	Control unit/transponder is clean and free of dust and dirt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Fuses in accordance with the manufacturer's specification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Control unit/transponder lock is functional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Termination points for wiring to field devices secure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended Additional Visual Inspection (not mandated by the Standard):		Yes	No	N/A
Dead-front panel(s) in place & as per manufacturer's specification.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field wiring entry points for the various circuits and circuit separations are in accordance with the manufacturer's installation instructions.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main power supply feed wiring is in accordance with the manufacturer's specifications.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each control unit/transponder has been furnished with installation, operating and maintenance instructions.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUILDING LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM INSPECTION AND TESTING (CAN/ULC-S536-13)

Date:	Address:
Building Name:	City/Town:

C2.4 Power Supply Inspection				
Power Supply Field Location:				
Power Supply Identification:				
Circuit Disconnect Means Location:				
Circuit Panel/Breaker Identification:				
		Yes	No	N/A
A	Fused in accordance with the manufacturer's marked rating of the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Adequate to meet the requirements of the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended Additional Visual Inspection (not mandated by the Standard):		Yes	No	N/A
Dead-front panel(s) in place & as per manufacturer's specification.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ancillary devices, which are powered from the control unit or transponder, are recorded.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power for ancillary devices is taken from a source separate from the fire alarm system control unit or transponder power supply.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power for ancillary devices is taken from the control unit or transponder that is designed to provide such power.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power supply cabinet (where applicable) is clean and free of dust and dirt.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2.5 Emergency Power Supply Test And Inspection				
Emergency Power Supply Field Location:				
Emergency Power Supply Identification:				
Battery Type (as installed):		<input type="checkbox"/> Sealed Lead Acid <input type="checkbox"/> Ni-Cad <input type="checkbox"/> Lithium-Ion <input type="checkbox"/> Wet Lead		
Battery Capacity (as installed):		_____ AH		
Required Building Code Alarm Operation:		<input type="checkbox"/> 30 minutes <input type="checkbox"/> 120 minutes		
		Yes	No	N/A
A	Correct battery type as recommended by the manufacturer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Correct battery rating as determined by battery calculations based on full system load.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Battery voltage (main power "on"):			VDC
D	Battery voltage – main power "off" – FAS in supervisory condition:			VDC
	Battery current - main power "off" – FAS in supervisory condition:			mA
E	Battery voltage – main power "off" – FAS in full load ALARM:			VDC
	Battery current – main power "off" – FAS in full load ALARM:			A
F	Battery charging current (main power "on"):			mA
G	Inspected for physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Terminals cleaned and lubricated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Terminals clamped tightly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Correct electrolyte level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Specific gravity of the electrolyte is within the battery manufacturer's specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Inspected for electrolyte leakage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Adequately ventilated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Record manufacturer's date code or in-service date:			
O	Disconnection causes trouble signal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	Indicate type of test performed on a fully charged battery (select one):			
	(i) Required supervisory load for 24 h followed by the required full load operation;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(ii) Silent test using load resistor method for full duration test. (Refer to Appendix F1);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(iii) Silent accelerated test. (Refer to Appendix F2);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(iv) A battery capacity meter test. (Refer to Appendix F3); or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(v) Replace the batteries with a new set having a current date code/capacity/type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q	Record calculated battery capacity (refer to Appendix D3.1-C).			AH
R	Record the battery terminal voltage after tests are completed.			VDC
S	Battery voltage not less than 85% of its rated capacity after tests completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T	Generator provides power to the AC circuit serving the fire alarm system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U	Trouble condition at the emergency generator results in an audible common trouble signal and a visual indication at the required annunciator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended Additional Inspection (not mandated by the Standard):		Yes	No	N/A
Generator running indication is provided at the required annunciator.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Fuel Level trouble results in an audible trouble signal and a visual indication at the required annunciator?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator fueled by: <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other:				
Fuel Level:	% of full capacity	Estimated run time:	Hours	
Low Fuel Level Set-point:	<input type="checkbox"/> % of full capacity <input type="checkbox"/> Gallons <input type="checkbox"/> Litres			

BUILDING LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM INSPECTION AND TESTING (CAN/ULC-S536-13)

Date:	Address:
Building Name:	City/Town:

C2.6 ANNUNCIATOR AND DISPLAY AND CONTROL CENTRE TEST AND INSPECTION				
Annunciator Location:				
Annunciator Identification:				
		Yes	No	N/A
A	Power "on" indicator operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Individual alarm and supervisory input zone clearly indicated and separately designated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Individual alarm and supervisory input zone designation labels are properly identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Where active and supporting field devices are utilized, device labels correspond with actual field location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Common trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Visual indicator test (lamp test) operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Alarm signal silence visual indicator operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Switches for ancillary functions operate as per design and specification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Ancillary functions visual indicators operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Manual activation of alarm signal and indication operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Displays are visible in the installed location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Operates on emergency power.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Multi-line sequential display operates as per Appendix C5.9 (Annunciators or Sequential Displays), where utilized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended Additional Testing (Not Mandated in the Standard) – FOR OUTDOOR INSTALLATIONS				
Rating of Enclosure: <input type="checkbox"/> CAT 3 <input type="checkbox"/> CAT 3R <input type="checkbox"/> CAT 4 <input type="checkbox"/> Other:				
Interior free of dirt or evidence of moisture (no corrosion)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the installed heater compatible with the enclosure? <input type="checkbox"/> 24VDC <input type="checkbox"/> 24VAC <input type="checkbox"/> 120VAC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is voltage present at the <input type="checkbox"/> heater <input type="checkbox"/> thermostat terminals?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disconnect means on a separate circuit? Panel and Circuit Number:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heater power supervised by the fire alarm control panel?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low voltage transformer of the correct size and rating as per the manufacturer's instructions?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2.7 ANNUNCIATORS OR SEQUENTIAL DISPLAYS				
Annunciator/Sequential Display Location:				
Annunciator/Sequential Display Identification:				
		Yes	No	N/A
A	Power "on" indicator operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Specify method of confirmation: _____ Minimum of one alarm zone and one supervisory zone tested per annunciator or sequential display to confirm operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Individual alarm and supervisory input zone designation labels are properly identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Where active and supporting field devices are utilized, device labels correspond with actual field location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Common trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Visual indicator test (lamp test) operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Alarm signal silence visual indicator operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Switches for ancillary functions operate as per design and specification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Ancillary functions visual indicators operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Manual activation of alarm signal and indication operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Displays are visible in the installed location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended Additional Testing (Not Mandated in the Standard) – FOR OUTDOOR INSTALLATIONS				
Rating of Enclosure: <input type="checkbox"/> CAT 3 <input type="checkbox"/> CAT 3R <input type="checkbox"/> CAT 4 <input type="checkbox"/> Other:				
Interior free of dirt or evidence of moisture (no corrosion)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the installed heater compatible with the enclosure? <input type="checkbox"/> 24VDC <input type="checkbox"/> 24VAC <input type="checkbox"/> 120VAC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is voltage present at the <input type="checkbox"/> heater <input type="checkbox"/> thermostat terminals?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disconnect means on a separate circuit? Panel and Circuit Number:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heater power supervised by the fire alarm control panel?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low voltage transformer of the correct size and rating as per the manufacturer's instructions?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUILDING LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM INSPECTION AND TESTING (CAN/ULC-S536-13)

Date:		Address:	
Building Name:		City/Town:	

C2.8 Remote Trouble Signal Unit Test And Inspection				
Remote trouble signal unit location:				
Remote trouble signal unit identification:				
		Yes	No	N/A
A	Input wiring from control unit or transponder is supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Visual trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Audible trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C2.9 Printer Test				
Printer Location:				
Printer Identification:				
		Yes	No	N/A
A	Operates as per design and specification, or in accordance with documentation provided in Appendix E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Zone of each alarm initiating device is correctly printed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Rated voltage is present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUILDING LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM INSPECTION AND TESTING (CAN/ULC-S536-13)

Date:	Address:
Building Name:	City/Town:

C2.10 Operation Test for Data Communication Link				
Control Unit/Transponder Field Location:				
Control Unit/Transponder Identification:				
DCL Identification:				
		Yes	No	N/A
A	Confirm that a trouble signal is received at the control unit or transponder under an open loop fault.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	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:			
	(i) Control unit to control unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(ii) Control unit to transponder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(iii) Transponder to transponder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Unit/Transponder Field Location:				
Control Unit/Transponder Identification:				
DCL Identification:				
		Yes	No	N/A
A	Confirm that a trouble signal is received at the control unit or transponder under an open loop fault.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	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:			
	(i) Control unit to control unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(ii) Control unit to transponder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(iii) Transponder to transponder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Unit/Transponder Field Location:				
Control Unit/Transponder Identification:				
DCL Identification:				
		Yes	No	N/A
A	Confirm that a trouble signal is received at the control unit or transponder under an open loop fault.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	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:			
	(i) Control unit to control unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(ii) Control unit to transponder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(iii) Transponder to transponder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUILDING LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM INSPECTION AND TESTING (CAN/ULC-S536-13)

Date:	Address:
Building Name:	City/Town:

C2.11 Interconnection to the Fire Signal Receiving Centre				
Communicator Location:				
Circuit Disconnect Means Location:				
Circuit Panel/Breaker Identification:				
		Yes	No	N/A
A	The fire signal receiving centre transmitter is integral to the fire alarm control unit.	<input type="checkbox"/>	<input type="checkbox"/>	
B	The fire signal receiving centre transmitter is located remotely from the fire alarm control unit.	<input type="checkbox"/>	<input type="checkbox"/>	
C	Tested and confirmed operation of alarm relay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Tested and confirmed operation of trouble relay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Tested and confirmed operation of supervisory relay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Confirm that the alarm transmission to the fire signal receiving centre is received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Confirm that the supervisory transmission to the fire signal receiving centre is received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Confirm that the trouble transmission to the fire signal receiving centre is received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Record the name and telephone number of the fire signal receiving centre. Company: _____ Telephone: _____ Address: _____			
Additional Inspection & Testing (not mandated by the Standard):		Yes	No	N/A
The communicator is installed in accordance with CAN/ULC-S561-13.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The fire signal receiving centre is ULC Listed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The fire signal receiving centre ULC certification number is: _____				
The communicator is being tested in accordance with CAN/ULC-S561-13.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting documentation attesting to this is on site and has been reviewed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ULC "Central Station Fire Protective Signalling Service" Certificate is valid.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ULC "Central Station Fire Protective Signalling Service" Certificate expires on: _____				
The last inspection noted on the Certificate occurred on: _____				
The communicator has been reset following completion of testing.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The communicator has been placed back into service.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The communicator is trouble free.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUILDING LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM INSPECTION AND TESTING (CAN/ULC-S536-13)

Date:	Address:
Building Name:	City/Town:

CAN/ULC-S536-04 Inspection Items (See Note 21)			
(ULC CAN4-S536-13 Section 6.7) Field Devices Testing	Yes	No	N/A
Each device is free of damage, foreign substance & mechanically supported independent of wiring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each device tested while connected to control unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Pull stations tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two stage pull stations tested and functions confirmed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat detectors tested to ULC CAN4-S536-04 5.7.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CAN/ULC-S536-13 Section 6.7.4) Smoke Detector Testing	Yes	No	N/A
Inspected for cleanliness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity tested (results are recorded in the Device Test Record).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested for Operation (results are recorded in the Device Test Record).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status change confirmation inspected and tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air duct smoke detectors tested to CAN/ULC-S436-04 5.7.4.4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beam type smoke detectors inspected and tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flame detectors inspected and tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combination (multi-criteria) detectors inspected and tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Detectors (other types) inspected and tested for:			
a) Alarm initiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Correct orientation so as to detect the anticipated hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Sensitivity tested (results are recorded in the Device Test Record)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All tested devices are compatible with the control panel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceptions are identified in the Device Test Record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CAN/ULC-S536-13 Section 6.7.8.1) Water Flow Detection Devices	Yes	No	N/A
Tested by appropriate water flow means (time delay is recorded in the Device Test Record).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CAN/ULC-S536-13 Section 6.7.8.2) Supervisory Devices	Yes	No	N/A
Shut-off valves tested and result in <input type="checkbox"/> Trouble <input type="checkbox"/> Supervisory signal at the fire alarm panel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Pressure supervisory device inspected and tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low water supervisory device inspected and tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low temperature supervisory device tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each power loss (i. e. fire pump and air compressor) supervisory tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CAN/ULC-S536-13 Section 6.7.8.3) Other Fixed Type Extinguishing Systems	Yes	No	N/A
Confirm operation of output contacts initiates specified functions at the fire alarm system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the fire alarm system performing the fixed type extinguishing system functions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confirm operation of fixed type extinguishing system functions if previous answer is "YES".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All devices connected to the fire alarm system have been individually tested / itemized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CAN/ULC-S536-13 Section 6.7.8.4) Supervisory Devices (Other Types)	Yes	No	N/A
Inspected and tested as per manufacturer's requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(CAN/ULC-S536-13 Section 6.7.9) Signaling Appliances	Yes	No	N/A
Individually inspected and tested for operation, proper installation, tightness, tampering/obstruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligibility (clarity) of voice messages confirmed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audibility of alert, alarm and voice messages checked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual signal appliances individually inspected and tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combination appliances individually inspected and tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-suite signal isolator modules are identified, individually inspected, and tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Alarms (CAN/ULC-S552-14)	Yes	No	N/A
Powered by un-switched "AC"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery operated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Batteries Replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interconnection function tested (multiple station alarms) – includes connection to Water Flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audibility of alarm sounder checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visible signaling appliances tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing results and any exceptions are identified in the Device Test Record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing method used: Canned Smoke <input type="checkbox"/> Test Button <input type="checkbox"/> Magnet <input type="checkbox"/>			

BUILDING LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM INSPECTION AND TESTING (CAN/ULC-S536-13)

Date:	Address:
Building Name:	City/Town:

C2.12 Ancillary Device Circuit Test			
Record Specific Type of Ancillary Circuit	Operation of Ancillary Circuit Confirmed		
	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: The tests reported on this form do not include the actual operational test of ancillary devices except where noted.

Date:		Address:	
Building Name:		City/Town:	

C2.13 DEFICIENCIES

Empty area for recording deficiencies.

C2.14 RECOMMENDATIONS

Empty area for recording recommendations.

BUILDING LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM INSPECTION AND TESTING (CAN/ULC-S536-13)

Date:		Address:	
Building Name:		City/Town:	

C2.15 REMARKS

BUILDING LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM INSPECTION AND TESTING (CAN/ULC-S536-13)

Date:	Address:
Building Name:	City/Town:

C3.1 Field Device Testing - LEGEND			
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 type detector (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)		
Extinguishment Releasing Devices			
RS	Releasing Solenoid		
PDS	Pressure Discharge Switch		
LPS	Low Cylinder Pressure Switch		
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)		

BUILDING LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM INSPECTION AND TESTING (CAN/ULC-S536-13)

Date:	Address:
Building Name:	City/Town:

NOTES:

1. Smoke detector sensitivity measurement should be recorded in the “Remarks” column of the Individual Device Test Record. Analog smoke detectors may report their obscuration level (sensitivity) to the fire alarm’s common control. This information should be retrieved and recorded in the “Remarks” column.
2. Smoke detector cleaning or replacement date should also be recorded in the “Remarks” column.
3. Status change, including time delay (where applicable), should be recorded in the “Remarks” column.
4. Duct smoke detector pressure differential should be confirmed and recorded in the “Remarks” column. Detector tubes must be pulled and their alignment confirmed if results indicate any abnormalities. Record any discrepancies in the “Remarks” column.
5. Time delay setting of water flow switch should be recorded in the “Remarks” column.
6. Sprinkler supervisory switches should cause a “trouble” condition to be annunciated. This should be a latching type trouble (or “supervisory trouble”) only restorable by pressing “Reset” on the fire alarm control panel. Exceptions must be noted in “Comments”.
7. Upper and lower pressure setting of supervisory devices should be recorded in the “Remarks” column.
8. Low temperature setting should be recorded in the “Remarks” column.
9. Identify the specific ancillary devices in the “Remarks” column.
10. Where possible, identify the date a fire detector is changed. If housing discolouration is noted, attempt to identify the source and note the date of manufacture. Heat detectors whose labels are missing, faded and unreadable, or painted are considered failed and require replacement. This information should be noted in the “Remarks” column.
11. Identify correct field device operation (e.g., alarm, trouble, supervisory, annunciation indication).
12. Identify zone, circuit number, or address.
13. Identify conventional field device locations.
14. Identify active field device and supporting field device, data communication link (DCL), address and location.
15. Test and confirm conventional field device supervision of wiring.
16. Confirm field device free of damage.
17. Confirm field device free of foreign substance.
18. Confirm field device mechanically supported independently of the wiring.
19. Confirm field device protective dust shields or covers removed.
20. “Correctly Installed” refers to the version of CAN/ULC-S524, Standard for Installation of Fire Alarm Systems, applicable at the time of installation of the device being tested.
21. This Table emulates the relevant sections of the Testing Standard in a check-list format that allows the technician to further document the inspection/test.

CAUTION: The tests reported on this Form do not include the actual operational test of ancillary devices.

Insert Logo Here Service Company Information (Address, Telephone, & Contact Information)	<h2 style="margin: 0;">Unit Emergency Lighting Test & Inspection</h2>
Date of Service: _____ Last Service Date: _____	
Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Special Inspection <input type="checkbox"/>	
Building Name: _____	Contact Person: _____ Phone: _____
Address: _____	Owner/Strata Number: _____ Fax: _____
City: _____ Postal Code: _____	Phone: _____ Fax: _____

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		

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 in accordance with NFC 2015 Division C Clause 2.2.1.2.

Company Name			
Technician Conducting Testing	Certification No.	Date	Technician Signature

BUILDING LIFE SAFETY SYSTEMS – UNIT EMERGENCY LIGHTING INSPECTION AND TESTING

Date:	Address:
Building Name:	City/Town:

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		

Remarks/Comments

Building Sprinkler Systems Tests													
Insert Logo Here Service Company Information (Address, Telephone, & Contact Information)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Date of Service:</th> <th colspan="2" style="text-align: left; padding: 2px;">Last Service Date:</th> </tr> <tr> <td style="text-align: center; padding: 2px;">Daily <input type="checkbox"/></td> <td style="text-align: center; padding: 2px;">Weekly <input type="checkbox"/></td> <td style="text-align: center; padding: 2px;">Monthly <input type="checkbox"/></td> <td style="text-align: center; padding: 2px;">Quarterly <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center; padding: 2px;">Semiannual <input type="checkbox"/></td> <td style="text-align: center; padding: 2px;">Annual <input type="checkbox"/></td> <td style="text-align: center; padding: 2px;">Third Year <input type="checkbox"/></td> <td style="text-align: center; padding: 2px;">Fifth Year <input type="checkbox"/></td> </tr> </table>	Date of Service:		Last Service Date:		Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Semiannual <input type="checkbox"/>	Annual <input type="checkbox"/>	Third Year <input type="checkbox"/>	Fifth Year <input type="checkbox"/>
Date of Service:		Last Service Date:											
Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>										
Semiannual <input type="checkbox"/>	Annual <input type="checkbox"/>	Third Year <input type="checkbox"/>	Fifth Year <input type="checkbox"/>										
Building Name:	Contact Person: Phone: _____ Fax: _____												
Address:	Owner/Strata Number: Phone: _____ Fax: _____												
City:	Postal Code: Phone: _____ Fax: _____												
Central Station:	Phone: _____ Fax: _____												

Summary of systems tested in accordance with the BC Fire Code and referenced Standards.

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					

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

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 in accordance with NFC 2015 Division C Clause 2.2.1.2.

Company Name			
Technician Performing Test	Certification Number/Stamp	Date	Technician Signature

BUILDING LIFE SAFETY SYSTEMS – BUILDING SPRINKLER SYSTEM INSPECTION & TESTING – NFPA 25 (2011)

Date:		
Building Name:		Address:
Important: All daily, weekly, monthly, and quarterly inspection and testing items on this form shall be done during the Annual Inspection. Exceptions must be documented in the "Remarks/Comments" section of this report. Please attach testing data sheets for each system tested.		
System Number:		

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

Sprinkler System Inspection

Daily / weekly if low temperature alarms are installed.

- _____ (a) Enclosures - dry-pipe or deluge valves maintaining 40F/4C?
- _____ (b) Heat trace controller(s) power “on”.
- _____ (c) Is heat trace controller in “trouble”? Yes No

Weekly

- _____ Relief port for reduced pressure & backflow prevention assemblies is free from discharge?

Weekly and Monthly Inspection Items

- _____ Gauges on dry, pre-action and deluge systems in good condition?
- _____ Inspect air pressure and water pressure?
- _____ Control valves (and isolation valves on backflow prevention devices):
- _____ (a) In correct (open or closed) position?
- _____ (b) Sealed, locked or supervised and accessible?
- _____ (c) Free from external leaks?
- _____ (d) Provided with appropriate wrenches?
- _____ Alarm valve free from damage, trim in correct position, and no leakage?

Quarterly Inspection Items (in addition to above)

- _____ Pre-action and deluge valves inspected externally & free from damage?
- _____ Electrical components in service?
- _____ Gauges wet pipe in good condition and normal water pressure is being maintained?
- _____ Dry pipe valve/quick opening devices shall be inspected externally.
- _____ Backflow prevention assemblies shall be inspected (locked or properly supervised by an acceptable electrical means).
- _____ Control valves shall be inspected.
- _____ Alarm valves shall be inspected externally.
- _____ Hydraulic name plate is properly affixed to the sprinkler riser?
- _____ Date on Label: _____

Heat Tracing - check pipe insulation for cuts or abrasions.

Check exposed cable/connectors for chaffing, cuts, or abrasions.

- _____ Oil level in normal range on air compressor?
- _____ Condition of oil in sight glass? Clean Cloudy Dirty
- _____ Filter checked? Replacement required? Yes No NA
- _____ Belt checked for proper tension? Condition? Good Worn
- _____ Inspect electrically supervised valves?
- _____ Alarm devices inspected to verify they are free from physical damage?
- _____ Pressure regulating control valves shall be inspected.
- _____ Sprinkler pressure regulating & control valves shall be inspected.
- _____ Fire department connection?

Annual inspection items.

- _____ Buildings - prior to freezing weather?
- _____ Hangers and seismic braces inspected from floor level?
- _____ Pipe and fittings shall be inspected from floor level?
- _____ Sprinklers shall be inspected from floor level?
- _____ Spare sprinklers shall be inspected?
- _____ Interior of dry pipe valve shall be inspected at time of trip test?
- _____ Pre-action/deluge valves shall be inspected internally?
- _____ Interior of dry-pipe, pre-action, deluge valves internal inspection?
- _____ **Heat Tracing** - Check all connections tight, clamped & undamaged.
- _____ Check heat trace controller for trouble and ground fault response.
- _____ Check heat trace controller interconnection to fire alarm system.

Fifth year inspection items.

- _____ Alarm valves & strainers, filters and restriction orifices passed internal inspection?
- _____ Pre-action/deluge valve and their associated strainers, filters and restriction orifices pass internal inspection?
- _____ Dry pipe valves/quick opening devices internally inspect strainers, filters & orifices?
- _____ Check Valves internally inspected and all parts operate properly, move freely and are in good condition?
- _____ Interior of dry-pipe, pre-action, deluge valves internal inspection?

BUILDING LIFE SAFETY SYSTEMS – BUILDING SPRINKLER SYSTEM INSPECTION & TESTING – NFPA 25 (2011)

Date:		Address:
Building Name:		
Important: All daily, weekly, monthly, and quarterly inspection and testing items on this form shall be done during the Annual Inspection. Exceptions must be documented in the "Remarks/Comments" section of this report. Please attach testing data sheets for each system tested.		
System Number:		

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 bypass?	Pressure regulating valve shall pass a full flow test.
Inspectors test connection opened? (wet pipe when not freezing)	Backflow prevention assemblies have been tested by an agency acceptable to the local authority? Date: _____
Bypass connection opened? (wet pipe, dry pipe, pre-action and deluge systems when not freezing)	Forward flow test has been conducted.
Dry pipe valves/Quick opening devices (supervised) priming water tested for compliance with manufacturers' instructions?	Forward Flow Test results are recorded on the backflow test report?
Quick opening devices passed test?	Standard sprinklers less than 50 years old. If "no" has a sample been tested within 10yrs, If "no" test sample now and every 10yrs.
Main drain test shall be conducted on each system riser. Record Static pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/> Residual pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>	Low temperature alarms in dry pipe, pre-action and deluge valve enclosure passed test? Main Drain test shall be conducted on each system riser. Record Static pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/> Residual pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>
	Are results comparable to previous tests?

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

BUILDING LIFE SAFETY SYSTEMS – BUILDING SPRINKLER SYSTEM INSPECTION & TESTING – NFPA 25 (2011)

Date:		
Building Name:		Address:
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System Number:		

Sprinkler System Maintenance Items

Regular Maintenance Items	
<input type="checkbox"/> If sprinklers have been replaced, were they proper replacements?	<input type="checkbox"/> Failure to flush yard piping or surrounding public mains following new installation or repairs?
<input type="checkbox"/> Air leaks in dry-pipe system resulting in air pressure loss more than 10 psi/week repaired?	<input type="checkbox"/> Record of broken mains in the vicinity?
<input type="checkbox"/> Dry-pipe systems being maintained in dry condition?	<input type="checkbox"/> Abnormally frequent false tripping of dry-pipe valves?
If any of the following were discovered, was an obstruction investigation conducted and the system flushed? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> System is returned to service after an extended period of non-service?
<input type="checkbox"/> 1. Defective intake screen for pumps taking suction from open sources?	<input type="checkbox"/> There is reason to believe the system contains sodium silicate?
<input type="checkbox"/> 2. Obstructive material discharged during water flow tests?	Annual Maintenance Items
<input type="checkbox"/> 3. Foreign materials found in dry-pipe valves, check valves or pumps?	<input type="checkbox"/> Operating stem of all OS&Y valves lubricated, completely closed, and reopened?
<input type="checkbox"/> 4. Heavy discoloration of water during drain test or plugging of inspector's test connection?	<input type="checkbox"/> Interior of dry-pipe, pre-action and deluge valves cleaned?
<input type="checkbox"/> 5. Plugging of sprinklers found during activation or alteration?	<input type="checkbox"/> Low points drained in dry pipe, pre-action & deluge systems prior to freezing weather?
<input type="checkbox"/> 6. Plugging found in piping dismantled during alterations?	<input type="checkbox"/> Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no sign of grease buildup?

Remarks/Comments:

Insert Logo Here		Service Company Information (Address, Telephone, & Contact Information)		Building Stand-pipe & Hose Systems Tests			
				Date of Service:		Last Service Date:	
Building Name:		Address:		System in service on inspection? YES <input type="checkbox"/> NO <input type="checkbox"/>		Fire Department Connection? YES <input type="checkbox"/> NO <input type="checkbox"/>	
City:		Postal Code:		Control valves locked or supervised? YES <input type="checkbox"/> NO <input type="checkbox"/>		Flow switch installed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Contact Person:		Phone:		Fire Pump installed? YES <input type="checkbox"/> NO <input type="checkbox"/>		Jockey Pump installed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Owner/Strata Number:		Phone:		Pressure regulating device present? YES <input type="checkbox"/> NO <input type="checkbox"/>		Hose nozzles in place? YES <input type="checkbox"/> NO <input type="checkbox"/>	
		Fax:		Length of hose provided: _____ meters <input type="checkbox"/> feet <input type="checkbox"/>		Hose is: Lined <input type="checkbox"/> Unlined <input type="checkbox"/>	
		Fax:		Supply water pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>		System water pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>	
		Fax:		Central Station:		Phone:	
		Fax:		Management Company:		Phone:	
		Fax:				Fax:	
				System Class: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III			

Yes	No	General Observation Items:
<input type="checkbox"/>	<input type="checkbox"/>	Is the building fully sprinklered? (NO – See Remarks)
<input type="checkbox"/>	<input type="checkbox"/>	Is the building occupied? (NO – See Remarks)
<input type="checkbox"/>	<input type="checkbox"/>	Has the occupancy classification & hazard of contents remained the same? (YES – See Remarks)
<input type="checkbox"/>	<input type="checkbox"/>	Are all existing fire protection systems in service? (NO – See Remarks)
<input type="checkbox"/>	<input type="checkbox"/>	Have modifications or renovations been done since the last inspection? (YES – See Remarks)
<input type="checkbox"/>	<input type="checkbox"/>	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” position?	Supervisory devices undamaged?
Reduced pressure assembly valves inspected for leaks or corrosion?	No visible obstructions?
Tamper switches inspected (covers secured, leaks or corrosion)?	No missing or damaged pipe support devices?
Gauges to ensure good condition and normal pressure?	Hose Connections/Valves:
Components of standpipe system inspected?	Cap in place and not damaged?
Fire department Siamese connection checked (covers in place & secure)?	Fire hose connection undamaged?
Hose Connection Pressure Reducing Valves:	Valve handles in place?
Hand wheel is not broken or missing?	Cap gaskets in place and in good condition?
Outlet hose threads are undamaged?	Valves not leaking?
No leaks are present?	Restricting orifice in place?
Reducer and cap are not missing?	Manual, semiautomatic, or dry standpipe valve operates smoothly?

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Company Name			
Technician Performing Test	Certification No.	Date	Technician Signature

BUILDING LIFE SAFETY SYSTEMS – STAND-PIPE & HOSE ASSEMBLIES – NFPA 25 (2011)

Date: _____	Address: _____
Building Name: _____	
Important: All daily, weekly, monthly, and quarterly inspection and testing items on this form shall be done during the Annual Inspection. Exceptions must be documented in the "Remarks/Comments" section of this report. Please attach testing data sheets for each system tested.	
System Number: _____	

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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:
Nozzles:	Glass break device in place?
Nozzles & gaskets in place and in good condition?	Cabinets accessible and identified?
No visible obstructions?	All parts (valves, hoses and fire extinguishers) accessible?
Nozzles operate smoothly?	Adequate heat available to areas where wet pipe is located?
Nozzle is intact with no parts missing?	No visible obstructions?
Full operation of adjustments (such as pattern selection)?	Cabinets have no corroded or damaged parts?
	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 at 3.4 bar (50 psi) in excess of maximum pressure?
Jockey pump operational and in good condition?	Flow Test - by flowing the required volume of water at design pressure to the hydraulically most remote hose connection?
Valve supervisory switches tested?	Check-valves internally inspected and all parts operate properly, move freely, and are in good condition?
Annually	Pressure control valve passed test?
Control valves shall be operated through its full range and returned to normal.	Gauges: Tested and Calibrated <input type="checkbox"/> Replaced <input type="checkbox"/>
Main Drain test shall be conducted on each system riser.	
Static pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>	
Residual pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>	
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?	

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?

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 <input type="checkbox"/> inches <input type="checkbox"/>	
		Flow Rate: _____ liters/min <input type="checkbox"/> gallons/min <input type="checkbox"/>	
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)			

BUILDING LIFE SAFETY SYSTEMS – STAND-PIPE & HOSE ASSEMBLIES – NFPA 25 (2011)

Date:	
Building Name:	Address:
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System Number:	

Comments/Remarks:

Insert Logo Here	Service Company Information (Address, Telephone, & Contact Information)	Extinguisher/Fire Hose Unit Tests		
		Date of Service:		Last Service Date:
		Monthly <input type="checkbox"/>	Annual <input type="checkbox"/>	Special Inspection <input type="checkbox"/>
Building Name:		Contact Person:		Phone:
				Fax:
Address:		Owner/Strata Number:		Phone:
				Fax:
City:	Postal Code:			

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

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

EXTINGUISHERS/HOSES							
LOCATION	SIZE / TYPE	SERIAL #	Mfg. Date	Svc Date	R M H	✓	REMARKS

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Company Name			
Technician Performing Test	Certification No.	Date	Technician Signature

BUILDING LIFE SAFETY SYSTEMS
EXTINGUISHER INSPECTION – NFPA 10 (2010) / HOSE INSPECTION – NFPA 25 (2011)

Date:	Address:
Building Name:	City/Town:

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

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EXTINGUISHERS/HOSES								
LOCATION	SIZE / TYPE	SERIAL #	Mfg. Date	Svc Date	R M H		✓	REMARKS/COMMENTS

Comments/Notations:

<h2 style="margin: 0;">Building Fire Pump Tests (NFPA-25)</h2>													
Insert Logo Here Service Company Information (Address, Telephone, & Contact Information)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Date of Service:</td> <td colspan="2">Last Service Date:</td> </tr> <tr> <td style="text-align: center;">Daily <input type="checkbox"/></td> <td style="text-align: center;">Weekly <input type="checkbox"/></td> <td style="text-align: center;">Monthly <input type="checkbox"/></td> <td style="text-align: center;">Quarterly <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Semiannual <input type="checkbox"/></td> <td style="text-align: center;">Annual <input type="checkbox"/></td> <td style="text-align: center;">Third Year <input type="checkbox"/></td> <td style="text-align: center;">Fifth Year <input type="checkbox"/></td> </tr> </table>	Date of Service:		Last Service Date:		Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Semiannual <input type="checkbox"/>	Annual <input type="checkbox"/>	Third Year <input type="checkbox"/>	Fifth Year <input type="checkbox"/>
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Building Name:	Contact Person:	Phone:											
Address:	Owner/Strata Number:	Fax:											
City:	Postal Code:	Central Station:	Phone:										
			Fax:										

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

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

FIRE PUMP INSPECTION ITEMS

WEEKLY INSPECTION ITEMS	
Fire Pump Room/Enclosure	
<input type="checkbox"/> Heated to maintain temperature above 4C / 40deg	<input type="checkbox"/> Battery terminals clean, tight and free from corrosion
<input type="checkbox"/> Suction and discharge pressure gauges free from damage	<input type="checkbox"/> All alarm & trouble indicators are off (activate visual lamp test function)
<input type="checkbox"/> Ventilation louvers are unobstructed and free to operate	Exhaust System
System Piping and Valve Condition	<input type="checkbox"/> Inspected for leakage
<input type="checkbox"/> Pump suction, discharge and bypass valves in normal position	<input type="checkbox"/> Condensation trap drained
<input type="checkbox"/> Inspect associated piping for leaks	Electrical System Conditions
<input type="checkbox"/> Suction line pressure normal? _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>	<input type="checkbox"/> Controller power light on
<input type="checkbox"/> System line pressure normal? _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>	<input type="checkbox"/> Transfer switch normal, pilot light illuminated
<input type="checkbox"/> Suction reservoir full?	<input type="checkbox"/> Isolating switch closed - standby (emergency) source
<input type="checkbox"/> Wet pit suction screens are unobstructed and properly installed	<input type="checkbox"/> Reverse phase alarm pilot light off? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Diesel Engine Condition Inspection	<input type="checkbox"/> Normal phase rotation pilot lamp on? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<input type="checkbox"/> Fuel level is not less than 70% of full capacity	<input type="checkbox"/> Oil level is normal (check sight glass) Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<input type="checkbox"/> Controller selector switch is in "auto" position	<input type="checkbox"/> Condition of oil in sight glass? Clean <input type="checkbox"/> Cloudy <input type="checkbox"/> Dirty <input type="checkbox"/>
<input type="checkbox"/> Batteries (2) voltage readings are normal	<input type="checkbox"/> Visual lamp test successful?
<input type="checkbox"/> Batteries (2) charging current is normal	ANNUAL INSPECTION ITEMS
<input type="checkbox"/> Batteries (2) status indicator lamps are normal	<input type="checkbox"/> Check pump shaft end-play?
<input type="checkbox"/> Electrolyte level in batteries is normal	<input type="checkbox"/> Check accuracy of pressure gauges and sensors?
<input type="checkbox"/> Engine hour clock reading: _____ hours	<input type="checkbox"/> Check pump coupling alignment?
<input type="checkbox"/> Oil level in right angle gear drive is normal	<input type="checkbox"/> Inspect emergency manual starting means (without power)?
<input type="checkbox"/> Crankcase oil level is normal	<input type="checkbox"/> Tighten electrical connection as required?
<input type="checkbox"/> Condition of oil? Clean <input type="checkbox"/> Cloudy <input type="checkbox"/> Dirty <input type="checkbox"/>	<input type="checkbox"/> Inspect mechanical moving parts for lubrication (not starters/relays)
<input type="checkbox"/> Cooling water level is normal	<input type="checkbox"/> Inspect calibrated pressure switch settings?
<input type="checkbox"/> Water-jacket/engine block heater is operating	<input type="checkbox"/> Inspect duct work for combustion air?
	<input type="checkbox"/> 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 in accordance with NFC 2015 Division C Clause 2.2.1.2.

Company Name			
Technician Performing Test	Certification No.	Date	Technician Signature

BUILDING LIFE SAFETY SYSTEMS – FIRE PUMP TESTING – NFPA 25 (2011)

Date:		Address:	
Building Name:			

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

**FIRE PUMP TESTING ITEMS
WEEKLY ACTION ITEMS**

Piping & Associated Equipment

Pump operated without flowing water: 10 minutes 30 minutes

Packing gland checked. Minor leak at no flow? Yes No

Suction pressure at gauge: _____ PSIG KPAG

Discharge pressure at gauge : _____ PSIG KPAG

Packing gland adjusted as required? Yes No

Checked for unusual noise or vibration? _____

Check packing boxes, bearings or pump casing for overheating? _____

Record pump start pressure : _____ PSIG KPAG

Diesel Engine Driven Pump Test

Pump run for thirty (30) minutes

Oil Pressure: _____ PSIG KPAG

Oil Temperature: _____ C F

Engine Speed: _____ RPM

Water Temperature: _____ C F

Record time for diesel engine to crank: _____ seconds

Time for engine to normal run speed: _____ seconds

Heat exchanger checked for cooling water flow? _____

Is the controller performing run tests automatically? Yes No

Test log reviewed via visual display at controller? Yes No

Date last automatic test logged? _____

Electrically Driven Pump Test

Pump run for ten (10) minutes

Time for motor to accelerate to full speed: _____ seconds

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

Exercise isolating switch & circuit breaker for proper operation? _____

Test circuit breakers and fuses for proper operation? _____

Test batteries for specific gravity and state of charge? _____

Semiannual

Operate manual starting means (electrical) _____

Operation of safety devices and alarms? _____

Check concentration of antifreeze? _____

Steam Systems Testing Procedure

Steam pressure gauge reading: _____ PSIG KPAG

Time for turbine to reach operating speed: _____ seconds

Annual

Operate emergency starting means (without power) _____

Trip circuit breaker if provided? _____

Diesel tanks and overflow piping unobstructed? _____

Test exhaust for excessive back pressure? _____

Comments/Notations: