

FIRE ALARM SYSTEM (FAS) VERIFICATION RECORDS

28 FIRE ALARM SYSTEM VERIFICATION REPORT

28.1 Report

Electrical Permit No.:	Building Permit No.:	Date:
Building Name & Address:		
Building Owner or Representative's Name:		
The System Provides:	<input type="checkbox"/> Single Stage Operation <input type="checkbox"/> Two Stage Operation <input type="checkbox"/> Other (Describe Operation): _____	
System Manufacturer:	Model Number: _____	

A	The <i>entire fire alarm system</i> has been verified in accordance with CAN/ULC 537:2019, <i>Standard for Verification of Fire Alarm Systems</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B	This is a partial verification for a partial occupancy.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C	This is a partial verification for a <i>Fire Alarm System</i> that has been replaced in stages.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D	This is a verification of a portion of an existing <i>Fire Alarm System</i> verified in accordance with Section 27, <i>System Modifications</i> . (See Note 4.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E	Installed in accordance with the design and CAN/ULC-S524, <i>Standard for the Installation of Fire Alarm Systems</i> . Record Edition of CAN/ULC-S524 to which this system was verified: _____ Record Edition of Building Code in effect in the Jurisdiction applicable for the Design: _____ Record Edition of the CEC (Canadian Electrical Code) in effect for the Design: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
F	The <i>Fire Alarm System</i> documentation is on site (per Section 29, Documentation).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G	The fire alarm system sequence of operation specified in the design is confirmed and documentation is provided on site (per Section 29, Documentation).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
H	The <i>Fire Alarm System</i> is connected to a Fire Signal Receiving Centre.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	The communicator is ULC Listed for the purpose.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	The connections between the FAS and the communicator are supervised.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If connected, the name and location of the Fire Signal Receiving Centre is: _____		
	ULC "Central Station Fire Protective Signalling Service" Certificate Number: _____ which is issued for the above noted installation is <input type="checkbox"/> is not <input type="checkbox"/> attached.		
I	The fire alarm system is fully functional (if "No" or N/A, provide comments below).	Yes <input type="checkbox"/>	No <input type="checkbox"/> NA <input type="checkbox"/>
J	Comments: _____		
K	A copy of this report will be given to: _____ Yes <input type="checkbox"/> No <input type="checkbox"/> who is the owner or owner's representative for this <i>building</i> . During the Verification, were any Deficiencies identified? (See Page 2, if "Yes") Yes <input type="checkbox"/> No <input type="checkbox"/> As of the following date (M/D/Y) all identified Deficiencies have been corrected: _____ Yes <input type="checkbox"/> No <input type="checkbox"/> During the Verification, were any Recommendations identified? See Page 3, if "Yes" Yes <input type="checkbox"/> No <input type="checkbox"/>		

CERTIFICATION

This certifies that the information contained in this *Fire Alarm System Verification Report* (which incorporates the attached _____ pages) is correct and complete. The system and equipment described here-in was tested/inspected in conformance with CAN/ULC 537:2019 by a qualified technician. The equipment was left in an operational condition except as detailed here-in. A copy of this report must be maintained on the premises for examination by the Fire Marshal, Building Inspector, or other *Authority Having Jurisdiction* at their request.

Supervising Technician:	Company and Contact Information:	
_____	_____	
_____	_____	
Print Name:	Telephone:	
Assisting Technician / Electrician:	Company and Contact Information:	
_____	_____	
Print Name:	Telephone:	

CAN/ULC 537:2019 – FIRE ALARM SYSTEM VERIFICATION REPORT

Date:	Address:
Building Name:	

28.2 DEFICIENCIES

The inspection and testing of any corrections/repairs of deficiencies noted on this form has been completed by qualified personnel identified in the column marked "Technician Name & Certificate No."

To be completed by the primary individual who conducted the test and inspection.					To be completed by the primary individual responsible for the repair.			
Item #	Device Type	Device Location	Deficiency	CAN/ULC-S537 Clause Reference	Date Corrected (MM/DD/YY)	Work Order or Reference #	Name of Service Provider Responsible for the Repair	Technician Name & Certificate No.
Item #	Control Function or Feature	Deficiency	CAN/ULC-S537 Clause Reference	Date Corrected (MM/DD/YY)	Work Order or Reference #	Name of Service Provider Responsible for the Repair	Technician Name & Certificate No.	

BUILDING OWNER'S / REPRESENTATIVE'S COMPLIANCE STATEMENT

I understand that all deficiencies noted in the table above have been corrected.

Printed Name:

Signature:

Date:

MM	DD	YY

Date:		Address:	
Building Name:			

28.3 Recommendations

Empty box for 28.3 Recommendations.

Additional Comments / Notes (from 28.1J)

Empty box for Additional Comments / Notes (from 28.1J).

Date: _____	Address: _____
Building Name: _____	

29 Documentation

29.1

“Yes” - Tested correctly “No” - Did not test correctly (NO answers are typically detailed in “Comments/Remarks”)
 “NA” = Not applicable (the feature is not available or has not been programmed)

The following shall be examined, and documentation shall be:				
a) Readily available to the inspection authority;				
b) Retained on site in a single location; and				
c) Revised and maintained throughout the life of the fire alarm system.				
		Yes	No	N/A
A	Instructions for resetting the system and silencing alarm signals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	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"/>
C	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"/>
D	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"/>
E	Description of alarm signal operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Description of ancillary equipment controlled by the fire alarm system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	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"/>
H	Building diagrams are on site that clearly indicate the type and location of all smoke control equipment (fans, dampers, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Description of fire alarm system: i) Sequence of Operation (see 5.9) ii) Operating Instructions (see 5.9) iii) Description of each type of field device iv) Details of input to programmed output functions for programmed systems v) Connection to fire signal receiving centre, if required by applicable codes and regulations vi) Previous Verification Report(s) if applicable vii) The plans of the building showing the fire alarm zoning, device address and locations of each control unit, transponder, remote power supply, field device of the fire alarm system including fault isolators, ancillary devices and annunciators or display and control centres viii) Copy of site-specific software (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Indicate location of documentation: _____ Indicate format of documentation: _____			

Additional Documentation (not mandated by the Standard):		Yes	No
Fire Safety Plan documentation is on site.		<input type="checkbox"/>	<input type="checkbox"/>
Instructions to Occupants/Evacuation Floor Plans are posted.		<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 remotely installed booster / power supplies, batteries & amplifiers are installed:			
Design Company:		Address:	Telephone:
Installation Company:		Address:	Telephone:
Original Verification Company:		Address:	Telephone:

Date:		Address:	
Building Name:			

30 Individual Field Device, Related Circuits and Circuit Fault Tolerance – Test and Inspection

		Yes	No	N/A
A	Correct field termination, conductor type and wire gauge, in accordance with CSA C22.1, Canadian Electrical Code, Section 32.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Correct field termination, conductor type and wire gauge, in accordance with the equipment manufacturer's installation instructions at all system termination points.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Correct circuit polarities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	An open circuit fault on a conventional device circuit causes a trouble signal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Removal of any active or supporting field device circuit causes a trouble signal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	One contact device and one non-contact device tested for operation and annunciation at the control unit or transponder, when using a field verifying device.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Class "A" circuits serving conventional field devices tested for the capability of providing an alarm signal on each side of an open circuit fault connection at the electrically most remote point in the circuit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Ground fault indications occur when tested at the electrically furthest field device, and do not result in normal to off-normal status change conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Field device at the electrically furthest point from the power source (in every circuit) receives rated power in accordance with the manufacturer's specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Replaceable over-current devices are of the correct rating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Where multiple strand optical fibre cable is not dedicated to the fire alarm system, the fire alarm system continues to function as required despite an impairment to other systems which share the cable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Confirm circuit fault tolerance operation under OPEN CIRCUIT FAULT conditions (Record individual operation in 33.2, Individual Device Record and 33.4, Circuit Fault Tolerance Test Sheet).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Confirm circuit fault tolerance operation under SHORT CIRCUIT FAULT conditions (Record individual operation in 33.2, Individual Device Record and 33.4, Circuit Fault Tolerance Test Sheet).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Confirm circuit fault tolerance operation under GROUND FAULT conditions (Record individual operation in 33.2, Individual Device Record and 33.4, Circuit Fault Tolerance Test Sheet).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	Where suite fault isolators are provided, confirm in-suite signal circuit fault tolerance operation under SHORT CIRCUIT FAULT conditions (Record individual operation in 33.2, Individual Device Record and 33.4, Circuit Fault Tolerance Test Sheet).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	Under an alarm condition, confirm device operation on the source side of each shorted residential suite isolation module (Record individual operation in 33.2, Individual Device Record and 33.4, Circuit Fault Tolerance Test Sheet).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q	Where voice communication systems are used to broadcast messages not related to life safety (e.g., general paging), fault detection for signalling busses or circuits is maintained while broadcasting. (Confirm operation in 32.4, Non-life Safety Message Circuit Supervision Test.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date: _____	Address: _____
Building Name: _____	_____

31 Operation Test Circuit Fault Tolerance

No Data Communication Link is part of this system. <input type="checkbox"/> (This Section is Not Applicable)				
Control Unit/Transponder Field Location: _____				
Control Unit/Transponder Identification: _____				
DCL Identification: _____				
		Yes	No	N/A
A	Each system abnormal condition specified in Table 3.1 – Abnormal System Conditions, tested for each data communication link at the control unit or transponder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Tests for alarm and trouble received under a single ground fault condition conducted on each conductor of that data communication link independently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Each conductor in a data communication link, Class A (DCLA) tested for the capability of providing an alarm signal on each side of a single open circuit fault condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Where data communication link(s) are installed without fault isolation, impose a wire-to-wire short circuit fault on each data communication link during a non-fire alarm condition and confirm receipt of trouble and alarm condition from each adjacent data communication link (Record results in 33.4, Circuit Fault Tolerance Test Sheet).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Where fault isolators are installed in data communication links serving field devices, impose a wire-to-wire short on the isolated side during non-fire alarm condition, confirm annunciation of the fault, and then operate a device on the source side, and confirm activation at the control unit or transponder (Record results in 33.4, Circuit Fault Tolerance Test Sheet).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Where fault isolation in data communication links is provided between control units or transponders, the field wiring shorted between each pair of control units or transponders, in turn, annunciation of the fault confirmed and operation outside the shorted section is confirmed (Record results in 33.4, Circuit Fault Tolerance Test Sheet).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No additional Data Communication Links are installed. <input type="checkbox"/> (This Section is Not Applicable)				
Control Unit/Transponder Field Location: _____				
Control Unit/Transponder Identification: _____				
DCL Identification: _____				
		Yes	No	N/A
A	Each system abnormal condition specified in Table 3.1 – Abnormal System Conditions, tested for each data communication link at the control unit or transponder.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Tests for alarm and trouble received under a single ground fault condition conducted on each conductor of that data communication link independently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Each conductor in a data communication link, Class A (DCLA) tested for the capability of providing an alarm signal on each side of a single open circuit fault condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Where data communication link(s) are installed without fault isolation, impose a wire-to-wire short circuit fault on each data communication link during a non-fire alarm condition and confirm receipt of trouble and alarm condition from each adjacent data communication link (Record results in 33.4, Circuit Fault Tolerance Test Sheet).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Where fault isolators are installed in data communication links serving field devices, impose a wire-to-wire short on the isolated side during non-fire alarm condition, confirm annunciation of the fault, and then operate a device on the source side, and confirm activation at the control unit or transponder (Record results in 33.4, Circuit Fault Tolerance Test Sheet).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Where fault isolation in data communication links is provided between control units or transponders, the field wiring shorted between each pair of control units or transponders, in turn, annunciation of the fault confirmed and operation outside the shorted section is confirmed (Record results in 33.4, Circuit Fault Tolerance Test Sheet).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date:		Address:	
Building Name:			

32.1 Control Unit or Transponder Inspection

Control Unit/Transponder Field Location: _____		Yes	No	N/A
Control Unit/Transponder Identification: _____				
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 control unit or transponder 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"/>
K	Control unit/transponder power disconnects in accordance with C22.1, Safety Standard for Electrical Installations, Canadian Electrical Code, Part 1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	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"/>
M	Main power supply feed wiring is in accordance with the manufacturer's specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Verify control units/transponders with stand alone capability serve the same area for both input circuits and output circuits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	Control units or transponders which operate with stand alone capability have signal silence, reset, and trouble silence switches with visual indications, degraded mode capability and stand-alone capability indicators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	Each control unit/transponder has been furnished with installation, operating and maintenance instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q	Control unit/transponder visual indicators comply with Table 8.1 – Visual Indicators Colour Code.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date:		Address:	
Building Name:			

32.2 Control Unit or Transponder Testing

Control Unit/Transponder Field Location: _____		Yes	No	N/A
Control Unit/Transponder Identification: _____				
A	Power 'on' visual indicator operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Time and date indication corresponds with the local time and date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Common visual trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Common audible trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Trouble signal silence switch operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Main Power supply failure trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Trouble signal operates during positive and negative ground fault tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Alert signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Alarm signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Automatic transfer from alert signal to alarm signal operates. Time: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Manual transfer from alert signal to alarm signal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Automatic transfer from alert to alarm signal cancel (acknowledge) operates on a two stage system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Alarm signal silence inhibit function operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Alarm signal manual silence operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	Alarm signal silence visual indication operates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	Alarm signal, when silenced, automatically reinitiate only upon subsequent alarm from another NBC required fire alarm zone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q	Duration of alarm signal prior to automatic silence. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R	Audible, visual, alert, and alarm signals programmed and operate as per manufacturer's design and specification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	Input circuit alarm and supervisory operation including audible and visual indicator operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T	Input circuit supervision fault causes a trouble indication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U	Output circuit alarm indicators operate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V	Output circuit supervision fault causes a trouble indication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W	Visual indicator test (lamp test) operates.	<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 control circuit is rated for the intended purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z	Ancillary device by-pass results in trouble signal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AA	Input circuit to output circuit operation including ancillary device circuits (refer to Appendix C5.12, Ancillary Device Circuit Test), for correct program operation as per design and specification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BB	Fire alarm reset function operates. Record reset time: _____ seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CC	Main power to emergency power supply transfer operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DD	Control unit or transponder enclosure bonded to ground.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EE	Status change confirmation feature (smoke detectors only) verified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date:		Address:	
Building Name:			

32.3 Voice Communication Test

No Voice Communication Equipment is part of this system. (This Section is Not Applicable)

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, operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Circuits for emergency telephone trouble operation, including visual indication, operates.	<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	In standby mode, a short, or open on a paging, alert, alarm, or emergency telephone voice communication buss results in a buss specific trouble condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R	Where the voice paging system is also used for non-life safety related messages, the life safety related messages take precedence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date: _____	Address: _____
Building Name: _____	_____

32.4 Non-life Safety Message Circuit Supervision Test

No – Unacceptable (NO answers shall be recorded as a Deficiency)

Circuit Fault Test Location	Circuit Number	Type of Fault Tested (Check all that apply)			Speaker Circuit Fault Annunciation Confired at Fire Alarm Control Panel	
		Short	Open	Grnd	Yes	No
Identify area served by speaker circuit to which fault was introduced and confirmed during NON-FIRE ALARM audio broadcast	Identify circuit serving area	Short	Open	Grnd	Yes	No
		<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"/>	<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"/>	<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"/>

Date: _____	Address: _____
Building Name: _____	_____

32.5 Required System Response Times
(Reference Table 6.1)

Control Unit/Transponder Field Location: _____		Yes	No	N/A
Control Unit/Transponder Identification: _____		Yes	No	N/A
A	Audible signal devices and visible signal devices within the same manually initiated fire alarm zone operated within five seconds.	<input type="checkbox"/>	<input type="checkbox"/>	
B	Audible signal devices and visible signal devices operated within ten seconds and; subsequent input operated within ten seconds.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
C	Remote connection operated within ten seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Releasing device start of sequence operated within ten seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Required Annunciation operated within ten seconds and; subsequent input operation within ten seconds.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
F	Required central alarm and control facility operated within ten seconds; and subsequent input operation within ten seconds.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
G	Ancillary circuits operated within ten seconds, and Subsequent input operation within 30 seconds	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
H	Trouble signal activation annunciates within ninety seconds and; subsequent trouble input annunciates within ninety seconds	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
I	Water flow devices activation operated within ten seconds and; subsequent activation operated within ten seconds.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Only one control unit / transponder was tested in this Verification. <input type="checkbox"/> (This Section is Not Applicable)				
Control Unit/Transponder Field Location: _____		Yes	No	N/A
Control Unit/Transponder Identification: _____		Yes	No	N/A
A	Audible signal devices and visible signal devices within the same manually initiated fire alarm zone operated within five seconds.	<input type="checkbox"/>	<input type="checkbox"/>	
B	Audible signal devices and visible signal devices operated within ten seconds and; subsequent input operated within ten seconds.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
C	Remote connection operated within ten seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Releasing device start of sequence operated within ten seconds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Required Annunciation operated within ten seconds and; subsequent input operation within ten seconds.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
F	Required central alarm and control facility operated within ten seconds; and subsequent input operation within ten seconds.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
G	Ancillary circuits operated within ten seconds, and Subsequent input operation within 30 seconds	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
H	Trouble signal activation annunciates within ninety seconds and; subsequent trouble input annunciates within ninety seconds	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
I	Water flow devices activation operated within ten seconds and; subsequent activation operated within ten seconds.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Date: _____	Address: _____
Building Name: _____	_____

32.6 Large-Scale Network Systems

This system does not qualify as a Large-Scale Network System <input type="checkbox"/> (This Section is Not Applicable)				
Control Unit/Transponder Field Location:		_____		
Control Unit/Transponder Identification:		_____		
		Yes	No	N/A
A	Control units or transponders serve the same area for both input circuits and output circuits.	□	□	□
B	Control units or transponders with stand alone capability have signal silence, reset, and trouble silence switches with visual indicators, degraded mode capability and stand alone capability indicators.	□	□	□
C	A single open circuit fault, wire-to-wire short circuit fault, or ground fault on the network results in a trouble signal and continued alarm receipt capability at each node under these conditions.	□	□	□
D	Under data communication link failure condition, each control unit or transponder with stand-alone capability is capable of receiving an alarm initiation and provides output operation in the area as served by the control unit or transponder.	□	□	□
E	Under multiple data communication link failure conditions which create two network segments, each control unit or transponder with degraded mode capability for each segment of the network provides the following operations: <ul style="list-style-type: none"> (i) Signals operate in accordance with the system sequence of operation. (ii) Alert signals and alarm signals are synchronized throughout each separate network segment. (iii) Ancillary device controls continue to operate within each network segment. (iv) Acknowledge, signal silence, reset and trouble silence switches with visual indicators, degraded mode capability and stand-alone capability indicators, function for each network segment. 	□	□	□
		□	□	□
		□	□	□
		□	□	□
		□	□	□
There are no additional loop controllers installed on this system <input type="checkbox"/> (This Section is Not Applicable)				
Control Unit/Transponder Field Location:		_____		
Control Unit/Transponder Identification:		_____		
		Yes	No	N/A
A	Control units or transponders serve the same area for both input circuits and output circuits.	□	□	□
B	Control units or transponders with stand alone capability have signal silence, reset, and trouble silence switches with visual indicators, degraded mode capability and stand alone capability indicators.	□	□	□
C	A single open circuit fault, wire-to-wire short circuit fault, or ground fault on the network results in a trouble signal and continued alarm receipt capability at each node under these conditions.	□	□	□
D	Under data communication link failure condition, each control unit or transponder with stand-alone capability is capable of receiving an alarm initiation and provides output operation in the area as served by the control unit or transponder.	□	□	□
E	Under multiple data communication link failure conditions which create two network segments, each control unit or transponder with degraded mode capability for each segment of the network provides the following operations: <ul style="list-style-type: none"> (i) Signals operate in accordance with the system sequence of operation. (ii) Alert signals and alarm signals are synchronized throughout each separate network segment. (iii) Ancillary device controls continue to operate within each network segment. (iv) Acknowledge, signal silence, reset and trouble silence switches with visual indicators, degraded mode capability and stand-alone capability indicators, function for each network segment. 	□	□	□
		□	□	□
		□	□	□
		□	□	□
		□	□	□

Date: _____	Address: _____
Building Name: _____	

32.7 Power Supply Inspection

Control Unit or Transponder Location: _____				
Control Unit or Transponder Identification: _____				
Circuit Disconnect Means or Breaker Location: _____				
Circuit Disconnect Means or Breaker Identification: _____				
		Yes	No	N/A
A	Conforms with the requirements of CAN/ULC-S524, Standard for the Installation of Fire Alarm Systems; and C22.1, Safety Standard for Electrical Installations, Canadian Electrical Code, Part 1, Section 32.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Fused in accordance with the manufacturer's marked rating of the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Equipped with the identified disconnect means.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Adequate to meet the requirements of the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	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"/>
F	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"/>
G	Ancillary devices, which are powered from the control unit or transponder, are recorded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32.8 Emergency Power Supply Test and Inspection

Emergency Power Supply Location: _____				
Emergency Power Supply Identification: _____				
Emergency Power Supply Provided By: <input type="checkbox"/> Batteries <input type="checkbox"/> UPS <input type="checkbox"/> Generator <input type="checkbox"/> Combination				
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): Qty: _____ VDC: _____ AH: _____				
Required Building Code Alarm Operation: <input type="checkbox"/> 5 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> 60 minutes <input type="checkbox"/> 120 minutes				
Battery Tests (Reference 10.4)		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 supply "ON": _____ VDC			
	Battery current – main power supply "ON": _____ mA			
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	Inspected for physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Terminals cleaned and lubricated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Terminals clamped tightly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Correct electrolyte level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Specific gravity of the electrolyte is within the battery manufacturer's specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Inspected for electrolyte leakage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Adequately ventilated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Record manufacturer's date code or in-service date: _____			
N	Disconnection causes trouble signal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	Indicate type of tests performed on a fully charged battery:			
	(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 D1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(iii) Silent accelerated test (refer to Appendix D2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	Record calculated battery capacity (refer to Appendix D3.1-C). _____ AH			
Q	Record the battery terminal voltage after tests are completed. _____ VDC			
R	Battery voltage not less than 85% of its rated capacity after tests completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Power Generator Tests (Reference: 10.5)		Yes	No	NA
A	Generator provides power to the AC circuit serving the fire alarm system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	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"/>
C	Generator Run condition at the emergency generator shall result in an audible common trouble signal and a visual indication at the required annunciator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Testing coordinated with emergency power generator tests:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	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				

Date:		Address:	
Building Name:			

32.9 Annunciator Inspection

No Annunciator is installed in this system. <input type="checkbox"/> (This Section is Not Applicable)				
(This section is for the primary annunciator as required by the National Building Code of Canada)				
Annunciator Location: <input type="text"/>				
Annunciator Identification: <input type="text"/>				
		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	Visual indicators comply with Table 3 – Visual indicators Colour Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	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: <input type="text"/>				
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?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disconnect means identification – Panel and Circuit Number: <input type="text"/>				
Internal environment supervised by the fire alarm control panel? <input type="checkbox"/> Temperature <input type="checkbox"/> Power		<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"/>

Date:	Address:
Building Name:	

32.10 Annunciators or Sequential Displays

No Annunciator or Sequential Display is installed in this system. <input type="checkbox"/> (This Section is Not Applicable) If the fire alarm system DOES utilize remote annunciators, complete 32.10 for each annunciator or sequential display. 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 input zone designation labels are properly identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Where individual devices are also annunciated confirm the individual alarm and supervisory indications 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.	<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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Disconnect means identification – Panel and Circuit Number: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Internal environment supervised by the fire alarm control panel? <input type="checkbox"/> Temperature <input type="checkbox"/> Power	<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"/>

Date:	Address:
Building Name:	

32.11 Remote Trouble Signal Unit Test and Inspection

No Remote Trouble Signal Unit is installed in this system. <input type="checkbox"/> (This Section is Not Applicable)				
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"/>
D	Audible trouble signal silence operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32.12 Printer Test

No Printers are installed in this system. <input type="checkbox"/> (This Section is Not Applicable)				
Printer Location:				
Printer Identification:				
		Yes	No	N/A
A	Operates as per design and specification	<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"/>

Date: _____	Address: _____
Building Name: _____	_____

32.14 Interconnection to the Fire Signal Receiving Centre

(Refer to 8.3.2)

No Interconnection to a Fire Signal Receiving Centre has been provided. <input type="checkbox"/> (This Section is Not Applicable)				
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 or;	<input type="checkbox"/>	<input type="checkbox"/>	
	An interconnection between the fire alarm control unit and a separate fire signal receiving centre transmitter is provided.	<input type="checkbox"/>	<input type="checkbox"/>	
B	Receipt of the alarm transmission to the fire signal receiving centre.	<input type="checkbox"/>	<input type="checkbox"/>	
C	Confirm that the supervisory transmission to the fire signal receiving centre is received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Confirm that the trouble transmission to the fire signal receiving centre is received.	<input type="checkbox"/>	<input type="checkbox"/>	
E	Disabling or disconnection the fire signal receiving centre transmitter results in a specific trouble signal at the control unit or transmitter and transmits a trouble signal to the fire signal receiving centre.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Disabling or disconnecting the fire signal receiving centre transmitter transmits a trouble signal to the fire signal receiving centre.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	The contact information of the fire signal receiving centre is: Company: _____ Telephone: _____ - _____ Address: _____			

Additional Information (not mandated by the Standard):		Yes	No	N/A
The communicator 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 is trouble free.		<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"/>

Date:		Address:	
Building Name:			

33.1 Field Device Testing - LEGEND

Device	Description	Type	Model Number
	Manual Initiating Devices		
M	Manual pull station		
MAS	Manual Abort Station		
	Automatic Fire Detection Devices		
HT	Heat Detector, restorable or non-restorable, fixed temperature		
RHT	Heat Detector, restorable, rate-of-rise thermostat		
S	Ionization Smoke detector (9)		
	Sensitivity Test Method (or Test Equipment Model/Method):		
	Manufacturer's Sensitivity Test Range:		
PS	Photo-electric Smoke detector (9)		
	Sensitivity Test Method (or Test Equipment Model/Method):		
	Manufacturer's Sensitivity Test Range:		
DS	Duct Smoke detector (9, 29)		
	Sensitivity Test Method (or Test Equipment Model/Method):		
	Manufacturer's Sensitivity Test Range:		
MC	Multi-Criteria type detector (specify detection types) (9)		
	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 (29)		
FPS	Sprinkler Flow Pressure Switch (29)		
TS	Sprinkler valve supervisory Tamper Switch		
LA	Low Air supervisory device (6)		
LT	Low Temperature supervisory device (7)		
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		
SSS	Suite Silencing Switch		
V	Visual alarm device (specify strobe type or corridor indicator)		
SP	Cone type Speaker		
HSP	Horn Type 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)		
SYNC	Signalling Circuit Synchronization Module		
	Supporting Field Devices (Addressable Systems)		
RPM	Remote Point Module		
SRIM	Single point Remote Initiating Module		
DRIM	Dual input Remote Initiating Module		
EM	Fault Isolator		
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 (8, 12)		

Date:		Address:	
Building Name:			

33.1.1 The following notes apply to 33.2, Individual Device Record:

1. Smoke detector sensitivity reading confirmed by the control panel or measurement obtained through testing to be recorded in the remarks column.
2. Smoke detector cleaning or replacement date to be recorded in the remarks column.
3. Status change, including time delay, to be recorded in the remarks column. Refer to A3.78 and Annex E.
4. Duct smoke detector pressure differential to be confirmed and recorded in the remarks column.
5. Transport time of air sampling type detector to be confirmed and recorded in the Readings Column.
6. Time delay setting of waterflow device to be recorded in the remarks column.
7. Sprinkler supervisory switches cause trouble condition to be annunciated but not an alarm condition.
8. Upper and lower pressure setting of supervisory devices should be recorded in the "Remarks" column.
9. Low temperature setting should be recorded in the "Remarks" column.
10. Identify the specific ancillary devices 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. a) Test and confirm conventional field device supervision of wiring via open circuit fault.
b) Test and confirm active and supporting field device supervision via absence of the device.
16. Confirm field device is free of damage.
17. Confirm field device is free of foreign substance.
18. Confirm field device is mechanically supported independently of the wiring.
19. Confirm field device protective dust shields or covers removed.
20. Test and confirm that visible signal devices used to advise occupants that a fire emergency exists is to be turned off automatically when audible signals are silenced and shall be turned on automatically when audible signals are reactivated.
Exception: Visible signal devices to advise occupants to not enter and area, or for a similar purpose, shall remain on until the fire alarm system is reset.
21. End of line voltage to be recorded in the Remarks column.
22. When testing manual stations, response time of signals to be confirmed in accordance with the 5 s requirement of Table 6.1.
23. Smoke detectors that employ sounder bases or activate local audible signaling devices, used in lieu of smoke alarms, to be tested to confirm local sounder operation and annunciation at the control panel, including visible device operation, as applicable, and individually recorded.

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

Date: _____	Address: _____
Building Name: _____	_____

33.3 SUBSEQUENT ALARM (ALARM RESOUND) CONTROL PANEL TEST SHEET

No – Unacceptable (NO answers shall be recorded as a Deficiency)

Initial Fire Alarm Input Zone Test Location	Field Device Label	Subsequent Alarm Activation Test (Following Alarm Singal Silence)	Field Device Label	Alarm Signals Remain Silent	
Identify NBC Zone Designation Where Initial Firer Alarm Condition Was Activated	Identify fire alarm device used to initiate fire alarm signals activation	Identify NBC zone designation where subsequent fire alarm device was activated following alarm signal silence.	Identify subsequent fire alarm device activated in same NBC zone following signal silence.	Yes	No
				<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"/>

Note: If signals re-activated following signal silence resulting from a fire alarm device located in the same NBC fire alarm zone, this is a deficiency which must be recorded in Section 28.2, Deficiencies.

Date:	Address:
Building Name:	

33.4 CIRCUIT FAULT TOLERANCE TEST SHEET

“P” - Passed Test “F” - Failed Test (Failed Tests must be recorded as a Deficiency)

Circuit Fault Test Location	Type of Fault Tested (check all that apply)			Isolation Results	Non-Faulted Circuit Location	Test Result
Identify Device Location where circuit fault was introduced and description of affected NBC Fire Alarm zone or area	Short	Open	Ground	Identify NBC Fire Alarm Zone or area Location where devices failed due to fault condition	Identify Individual Device tested for operation located in Non Faulted NBC Fire Alarm zone or area	Pass or Fail (P / F)
	<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"/>			
	<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"/>			

