

<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Insert Logo Here </div> <div> Service Company Information (Address, Telephone, & Contact Information) </div> </div>		Building Life Safety Systems Testing			
		Date of Service:	Last Service Date:	Work Order Number:	
Building Name:		Contact Person:		Phone:	
				Fax:	
Address:		Owner/Strata Number:		Phone:	
				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 ☐

Building Life Safety & Emergency Systems	✓	Tested By FP #	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 "comments". This document has been provided to the building owner's representative who has acknowledged receipt of same below. A copy should be maintained on the premises for examination by the Fire Marshal or Inspector at their request.

Company Name			
Service Manager		Date	Owner or Authorized Agent

<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> </div> <div> Service Company Information (Address, Telephone, & Contact Information) </div> </div>		Building Fire Alarm/EVAC System Testing					
		Date of Service:		Last Service Date:		Work Order Number:	
		Annual Inspection <input type="checkbox"/>		Special Inspection/Audit <input type="checkbox"/>		Direct Connection <input type="checkbox"/> yes <input type="checkbox"/> no	
		Single Stage <input type="checkbox"/>		Two Stage <input type="checkbox"/>		Number of Zones:	
		Addressable <input type="checkbox"/>		Conventional <input type="checkbox"/>		Initiating: Notification: Spare:	
Manufacturer:			Model Number:		ULC Serial Number:		
Building Name:				Contact Person:		Phone:	
						Fax:	
Address:				Owner/Property Manager/Strata Number:		Phone:	
						Fax:	
City:		Postal Code:		Monitoring/Central Station:		Phone:	
						Fax:	

"Yes" - Acceptable "No" - Unacceptable "NA" - Not Applicable

Yes	No	Summary
<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 on the pages attached.
<input type="checkbox"/>	<input type="checkbox"/>	The fire alarm system has been tested in accordance with ULC CAN4-S536
<input type="checkbox"/>	<input type="checkbox"/>	The fire alarm system has been tested in accordance with ULC CAN4-S537 (Note 14)
<input type="checkbox"/>	<input type="checkbox"/>	The system is tagged/labeled as having been tested in accordance with ULC CAN4-S537
<input type="checkbox"/>	<input type="checkbox"/>	Sequence of operation confirmed and tested.

Yes	NA	Technician's Post Test Checklist
<input type="checkbox"/>	<input type="checkbox"/>	Reconnect time limit cutouts?
<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"/>	Ensure that the fire alarm system is functional?

Yes	No	NA	Off-Site Monitoring Checklist (Detail exceptions in "Remarks/Comments")
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitoring connections are properly supervised.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The communicator is ULC listed for fire alarm monitoring.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Monitoring/Central Station is ULC listed for fire alarm monitoring.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Monitoring/Central Station is approved by the Local Jurisdictional Authority.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check that signals were received at the central monitoring facility.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The installation is ULC certificated. The last inspection date was: _____
		Certificate No.:	Expiry Date: _____ Servicing Agency: _____
Communicator Type: DVACS/Direct <input type="checkbox"/> Dual-Line Digital <input type="checkbox"/> Radio <input type="checkbox"/> Cellular <input type="checkbox"/> Single-Line Digital <input type="checkbox"/> Signal Types Received: Alarm <input type="checkbox"/> Supervisory <input type="checkbox"/> Trouble <input type="checkbox"/> Tamper <input type="checkbox"/> Other: _____			
Note: Ensure that the number of signals received is not limited by event (this feature is often called "Swinger Shutdown" and must be disabled). The station may request a limit on the number of signals systems generate during testing. Please note this request in the "Comments" area below and ensure full functionality is restored following completion of testing.			

Remarks/Comments:			
<p>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". This document has been provided to the building owner (or their authorized representative) who has acknowledged receipt of same below. A copy should be maintained on the premises for examination by the Fire Marshal or Inspector at their request.</p>			
Company Name			
Technician	Certification Number	Date	Owner or Authorized Agent

Building Fire Alarm System Test & Condition Report

Date:		<input type="checkbox"/> Annual	<input type="checkbox"/> Special Inspection/Audit
Building Name:		Address:	

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

2.1 Control Unit or Transponder Tests

Location: _____

- _____ Power on visual indicator operates?
- _____ Common visual trouble signal operates?
- _____ Common audible trouble signal operates?
- _____ Trouble signal silence switch operates?
- _____ Main Power supply failure trouble signal operates?
- _____ Ground fault tested on positive and negative trouble signal?
- _____ Alert signal operation?
- _____ Alarm signal operation?
- _____ Automatic transfer from alert signal to alarm signal?
- _____ Manual transfer from alert signal to alarm signal?
- _____ Automatic transfer from alert to alarm signal “cancel” feature?
- _____ Acknowledge switch operation?
- _____ Alarm signal silence inhibit?
- _____ Alarm signal manual silence operation?
- _____ Alarm signal silence visual indication?
- _____ Alarm signal silence operates when EVAC system activated?
- _____ Alarm signal when silenced will automatically reinstate on subsequent alarm? ☐ In same zone ☐ In other zone/circuit
- _____ Alarm signal silence automatic cut-out timer?
- _____ Audible, visual, alert, and alarm signals programmed and operate as per manufacturer’s design and specification?
- _____ Input circuit alarm and supervisory operation including audible and visual indicator?
- _____ Input circuit supervision fault causes a trouble indication?
- _____ Output circuit alarm indicators operate?
- _____ Output circuit supervision fault causes a trouble indication?
- _____ Visual indicator test (lamp test)?
- _____ Coded signal sequence operate not less than the required number of times and the correct alarm signal thereafter.
- _____ Coded signal sequences are not interrupted by subsequent alarms?
- _____ Ancillary circuit by-pass will result in a trouble signal?
- _____ Input circuit to output circuit operation including ancillary device circuits, for correct program operation as per manufacturer’s design and specification (Appendix “C”)?
- _____ Alarm, trouble, & supervisory relays function correctly?
- _____ Relay terminal voltages within manufacturer’s specifications?
- _____ Fire alarm reset function operates?
- _____ Main power to emergency power supply transfer?
- _____ Control unit interconnection to monitoring station?
- _____ Is an AC disconnecting switch installed? YES ☐ NO ☐

2.3 Control Unit or Transponder Condition Inspection

- _____ Input circuit designations, correctly identified in relation to connected field devices?
- _____ Output circuit designations correctly identified in relation to connected field devices?
- _____ Designations for common control functions & indicators?
- _____ Cabinet, plug-in components and modules securely in place?
- _____ Plug-in cables securely in place?
- _____ Clean and free of dust and dirt?
- _____ Record date, revision and version of Firmware & Software

Date: _____ Rev: _____ Version: _____

- _____ Fuses in accordance with Manufacturer’s specification?
- _____ Control unit lock?
- _____ Termination points from wiring to field devices secure?
- _____ Power & field wiring properly terminated to panel ground lug?
- _____ Panel adequately grounded?
- _____ Dead-front panel(s) in place & as per manufacturer’s spec?

2.5 Generator Power Supply

- _____ Provides power to AC circuit serving the fire alarm?
- _____ Trouble condition at the emergency generator shall result in an audible common trouble signal and a visual indication at the required annunciator?

2.2 Emergency Voice Communication Inspection/Tests

- _____ Power on indicator?
- _____ Common visual trouble signal?
- _____ Common audible trouble signal?
- _____ Trouble signal silence switch?
- _____ All call voice paging including visual indicator?
- _____ Output circuits for selective voice paging and visual indication?
- _____ Output circuits for selective voice paging trouble operation including visual indication operates?
- _____ Microphone including press to talk switch?
- _____ Operation of EVAC system does not interfere with initial inhibit time of alert and/or alarm signal.
- _____ All call voice paging operates on emergency power?
- _____ Failure of one amplifier causes system to automatically transfer to backup amplifier.
- _____ Circuits for emergency telephone call in operation (including audible and visual indication) tested?
- _____ Emergency telephone for operation, including clarity of two way voice communication tested?
- _____ Circuits for emergency telephones trouble operation?
- _____ Emergency telephone call-in lamp?
- _____ Emergency telephone call-in audible signal?
- _____ All telephone zone select switches individually tested?
- _____ Individual telephone zone select indicators?
- _____ Operating instruction clearly visible?
- _____ Lockable release mechanism is intact?

2.7 Sequential Display Inspection and Testing

- _____ Individual alarm, supervisory and trouble inputs are clearly indicated and separately designated?
- _____ (Exception: Operation of each individual alarm and supervisory zone indication lights the identical indicators at the other annunciators and sequential displays.) See Note 15.
- _____ Specify confirmation method: _____

- _____ Individual alarm and supervisory input designation labels are properly identified?
- _____ Alarm input overrides supervisory and trouble input?
- _____ Supervisory input overrides trouble input?
- _____ Display can be manually advanced?
- _____ First alarm is clearly identified each time it is displayed.
- _____ Alarm and supervisory input is retrievable until system reset?

Other Fixed Extinguishment Systems ULC 536 6.6.8.3

- _____ Verify operation of the output contacts initiates the specified function at the FA control unit.

Building Fire Alarm System Test & Condition Report

Date: _____	<input type="checkbox"/> Annual <input type="checkbox"/> Special Inspection/Audit
Building Name: _____	Address: _____

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

2.6 Annunciator Inspection & Tests

Location: _____

- _____ Power on indicator?
- _____ Individual alarm and supervisory zone indication?
- _____ Individual alarm and supervisory zone indication labels?
- _____ Common trouble signal?
- _____ Visual indicator test - Lamp test?
- _____ Input wiring from control unit is supervised?
- _____ Alarm signal silence visual indicator?
- _____ Switches for ancillary function operate as intended?
- _____ Other ancillary function visual indicators?
- _____ Manual activation of alarm signal and indication (Drill Test)?

2.4 Power Supply Inspection

Location: _____

- _____ Fused with manufacturer's marked rating for the system?
- _____ Adequate to meet the requirements of the system?
- _____ Dead-front panel(s) in place & as per manufacturer's spec?
- _____ Mains circuit breaker properly labeled & painted red?
- _____ Mains circuit breaker dedicated to Fire Alarm System?

Breaker Location: _____

2.8 Remote Trouble Unit Tests and Inspection

Location: _____

- _____ Input wiring from control unit is supervised?
- _____ Visual trouble signal?
- _____ Audible trouble signal?
- _____ Audible trouble signal silence?

2.5 Stand-by Battery Condition Inspection & Testing

Location: _____

Battery type and size (in AH): _____

Battery Voltages (see note 11)

- | | | |
|----------------------------|--|----------|
| AC power on: | | DC Volts |
| AC power off: | | DC Volts |
| AC power off (full alarm): | | DC Volts |

Battery Currents (Amperage)

- | | | |
|----------------------------|--|-------|
| AC power on: | | DC mA |
| AC power off: | | DC mA |
| AC power off (full alarm): | | DC A |

- _____ Correctly sized to provide 24 hours stand-by & 5 ☐ or 30 ☐ minutes alarm operation in accordance with BC Fire Code?
- _____ Inspected for physical damage?
- _____ Terminals clean and tight?
- _____ Batteries fused? YES ☐ NO ☐ (See note 16)
- _____ Correct Electrolyte level?

Record specific gravity (wet cells): _____

Electrolyte leaks?

Adequately ventilated?

Installation date: _____

Disconnection causes trouble signal?

Labeled as “Primary Control Battery” or “Battery #1”?

Appendix “F” tests performed

- _____ (1) Supervisory load for 24 hrs followed by full load operation.
- _____ (2) Silent test using load resistor
- _____ (3) Silent accelerated test
- _____ (4) Battery capacity meter test
- _____ (5) Battery(ies) replaced with new in lieu of above tests.

Required battery capacity: _____ AH

2.6 Annunciator #2 Inspection & Tests

Location: _____

- _____ Power on indicator?
- _____ Individual alarm and supervisory zone indication?
- _____ Individual alarm and supervisory zone indication labels?
- _____ Common trouble signal?
- _____ Visual indicator test - Lamp test?
- _____ Input wiring from control unit is supervised?
- _____ Alarm signal silence visual indicator?
- _____ Switches for ancillary function operate as intended?
- _____ Other ancillary function visual indicators?
- _____ Manual activation of alarm signal and indication (Drill Test)?

2.4 Power Supply #2 Inspection

Location: _____

- _____ Fused with manufacturer's marked rating for the system?
- _____ Adequate to meet the requirements of the system?
- _____ Dead-front panel(s) in place & as per manufacturer's spec?
- _____ Mains circuit breaker properly labeled & painted red?
- _____ Mains circuit breaker dedicated to Fire Alarm/EVAC System?

Breaker Location: _____

2.8 Remote Trouble Unit #2 Tests and Inspection

Location: _____

- _____ Input wiring from control unit is supervised?
- _____ Visual trouble signal?
- _____ Audible trouble signal?
- _____ Audible trouble signal silence?

2.5 Stand-by Battery #2 Condition Inspection & Testing

Location: _____

Powers: Signal CCT ☐ EVAC ☐ Aux. Functions ☐

Battery type and size (in AH): _____

Battery Voltages (see note 11)

- | | | |
|----------------------------|--|----------|
| AC power on: | | DC Volts |
| AC power off: | | DC Volts |
| AC power off (full alarm): | | DC Volts |

Battery Currents (Amperage)

- | | | |
|----------------------------|--|-------|
| AC power on: | | DC mA |
| AC power off: | | DC mA |
| AC power off (full alarm): | | DC A |

- _____ Correctly sized to provide 24 hours stand-by & 5 ☐ or 30 ☐ minutes alarm operation in accordance with BC Fire Code?
- _____ Inspected for physical damage?
- _____ Terminals clean and tight?
- _____ Batteries fused? YES ☐ NO ☐ (See note 16)
- _____ Correct Electrolyte level?

Record specific gravity (wet cells): _____

Electrolyte leaks?

Adequately ventilated?

Installation date: _____

Disconnection causes trouble signal?

Labeled as “Battery #2”?

Appendix “F” tests performed

- _____ (1) Supervisory load for 24 hrs followed by full load operation.
- _____ (2) Silent test using load resistor
- _____ (3) Silent accelerated test
- _____ (4) Battery capacity meter test
- _____ (5) Battery(ies) replaced with new in lieu of above tests.

Required battery capacity: _____ AH

Building Fire Alarm System Test & Condition Report

Date:	<input type="checkbox"/> Annual <input type="checkbox"/> Special Inspection/Audit
Building Name:	Address:

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

2.6 Annunciator #3 Inspection & Tests

Location:

- Power on indicator?
- Individual alarm and supervisory zone indication?
- Individual alarm and supervisory zone indication labels?
- Common trouble signal?
- Visual indicator test - Lamp test?
- Input wiring from control unit is supervised?
- Alarm signal silence visual indicator?
- Switches for ancillary function operate as intended?
- Other ancillary function visual indicators?
- Manual activation of alarm signal and indication (Drill Test)?

2.4 Power Supply #3 Inspection

Location:

- Fused with manufacturer's marked rating for the system?
- Adequate to meet the requirements of the system?
- Dead-front panel(s) in place & as per manufacturer's spec?
- Mains circuit breaker properly labeled & painted red?
- Mains circuit breaker dedicated to Fire Alarm System?

Breaker Location:

2.8 Remote Trouble Unit #3 Tests and Inspection

Location:

- Input wiring from control unit is supervised?
- Visual trouble signal?
- Audible trouble signal?
- Audible trouble signal silence?

2.5 Stand-by Battery #3 Condition Inspection & Testing

Location:

Powers: Signal CCT ☐ EVAC ☐ Aux. Functions ☐

Battery type and size (in AH):

Battery Voltages (see note 11)

- AC power on: DC Volts
- AC power off: DC Volts
- AC power off (full alarm): DC Volts

Battery Currents (Amperage)

- AC power on: DC mA
- AC power off: DC mA
- AC power off (full alarm): DC A

- Correctly sized to provide 24 hours stand-by & 5 ☐ or 30 ☐ minutes alarm operation in accordance with BC Fire Code?
- Inspected for physical damage?
- Terminals clean and tight?
- Batteries fused? YES ☐ NO ☐ (See note 16)
- Correct Electrolyte level?

Record specific gravity (wet cells):

Electrolyte leaks?

Adequately ventilated?

Installation date:

Disconnection causes trouble signal?

Labeled as “Battery #3”?

Appendix “F” tests performed

- (1) Supervisory load for 24 hrs followed by full load operation.
- (2) Silent test using load resistor
- (3) Silent accelerated test
- (4) Battery capacity meter test
- (5) Battery(ies) replaced with new in lieu of above tests.

Required battery capacity: AH

2.6 Annunciator #4 Inspection & Tests

Location:

- Power on indicator?
- Individual alarm and supervisory zone indication?
- Individual alarm and supervisory zone indication labels?
- Common trouble signal?
- Visual indicator test - Lamp test?
- Input wiring from control unit is supervised?
- Alarm signal silence visual indicator?
- Switches for ancillary function operate as intended?
- Other ancillary function visual indicators?
- Manual activation of alarm signal and indication (Drill Test)?

2.4 Power Supply #4 Inspection

Location:

- Fused with manufacturer's marked rating for the system?
- Adequate to meet the requirements of the system?
- Dead-front panel(s) in place & as per manufacturer's spec?
- Mains circuit breaker properly labeled & painted red?
- Mains circuit breaker dedicated to Fire Alarm/EVAC System?

Breaker Location:

2.8 Remote Trouble Unit #4 Tests and Inspection

Location:

- Input wiring from control unit is supervised?
- Visual trouble signal?
- Audible trouble signal?
- Audible trouble signal silence?

2.5 Stand-by Battery #4 Condition Inspection & Testing

Location:

Powers: Signal CCT ☐ EVAC ☐ Aux. Functions ☐

Battery type and size (in AH):

Battery Voltages (see note 11)

- AC power on: DC Volts
- AC power off: DC Volts
- AC power off (full alarm): DC Volts

Battery Currents (Amperage)

- AC power on: DC mA
- AC power off: DC mA
- AC power off (full alarm): DC A

- Correctly sized to provide 24 hours stand-by & 5 ☐ or 30 ☐ minutes alarm operation in accordance with BC Fire Code?
- Inspected for physical damage?
- Terminals clean and tight?
- Batteries fused? YES ☐ NO ☐ (See note 16)
- Correct Electrolyte level?

Record specific gravity (wet cells):

Electrolyte leaks?

Adequately ventilated?

Installation date:

Disconnection causes trouble signal?

Labeled as “Battery #4”?

Appendix “F” tests performed

- (1) Supervisory load for 24 hrs followed by full load operation.
- (2) Silent test using load resistor
- (3) Silent accelerated test
- (4) Battery capacity meter test
- (5) Battery(ies) replaced with new in lieu of above tests.

Required battery capacity: AH

Building Fire Alarm System Test & Condition Report

Date:		<input type="checkbox"/> Annual	<input type="checkbox"/> Special Inspection/Audit
Building Name:		Address:	

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

(ULC CAN4-S536 5.7) Field Devices

Each device is free of damage, foreign substance & mechanically supported independent of wiring?
 Each device tested while connected to control unit?
 Manual Pull stations tested?
 Two stage pull stations tested and functions confirmed?
 Heat detectors tested to ULC CAN4-S536-04 5.7.3

(ULC CAN4-S536 5.7.4) Smoke detectors

Inspected for cleanliness?
 Sensitivity tested (record results in the Device Test Record).
 Tested for Operation?
 Remote indicator units inspected and tested?
 Status change confirmation inspection and tested?
 Air Duct smoke detectors tested to ULC 536-04 5.7.4.4
 Beam type smoke detectors for actuation & sensitivity?
 Flame detectors inspected and tested?
 Combination detectors inspected and tested?
 Automatic detectors – other types - inspected & tested for:
 a) alarm initiation
 b) correct orientation so as to detect the anticipated hazard
 c) sensitivity tested (record results in the Device Test Record).

All tested devices are compatible with the control panel.

Exceptions are identified on the Device Test Record.

2.10 Data Communication Link (DCL) Test

Confirm that a trouble signal is generated for “open DCL loop” at the Common Control Panel ☐ Transponder ☐
 Fault Isolation Modules tested for opens/shorts on both device side and “source” side and “fault” and “alarm” conditions are confirmed.
 Correct number of field devices per isolator module?
 DCL operation confirmed between common control & transponders during a “short condition” on other transponders in the loop (where isolator modules are used) between:
 (1) each pair of Control Units
 (2) Control Unit to Transponder
 (3) each pair of Transponders

(ULC CAN4-S536 5.7.8.1) Water Flow Detection devices

a) Tested by appropriate water flow means
 b) Time delay: _____ Seconds (not to exceed 60)

(ULC CAN4-S536 5.7.8.2) Supervisory Devices

Shut-off valves tested and result in trouble signal?
 Low pressure supervisory device inspected and tested?
 Low water supervisory device inspected and tested?
 Low temperature supervisory device tested?
 Each power loss (i.e. fire pump and air compressor) tested?

(ULC CAN4-S536 5.7.8.4) Sup. Devices (Other Types)

Inspected and tested as per manufacturer requirements?

(ULC CAN4-S536 5.7.9) Signal Appliances

Shall be individually inspected and tested for operation, proper installation, tightness, tampering and/or obstruction.
 Intelligibility (clarity) of voice messages confirmed?
 Audibility of alert, alarm and voice messages checked?
 Visual signal appliances individually inspected & tested?
 Combination type appliances individually inspected & tested?

2.9 Printer Testing

Operation as intended?
 Zone of each alarm initiating device is correctly printed?
 Rated voltage is present?
 Events and acknowledgements are automatically printed?
 Time and date is recorded by the printer?
 Each event is recorded as they occur?
 System records status changes with loss of data?
 Paper advances automatically such that print record is visible?
 Printer operates under loss of main power supply?
 Printer is monitored for “low paper” and “paper out”?

Smoke Alarms

Powered by un-switched “AC”?
 Battery operated? Batteries Replaced? YES ☐ NO ☐
 Interconnection function tested (multiple station alarms)?
 Audibility of alarm sounder checked?
 Testing method: Canned Smoke ☐ Test Button ☐
 Exceptions are identified on the Device Test Record.

Building Emergency Planning Documentation

Fire emergency instructions posted and clearly visible?
 List of tenants requiring assistance reviewed and in place?
 The Fire Safety Officer is: _____
 Is all required documentation in place & properly secured?
 Is required monthly testing being done & documented?
 Date of last monthly test: _____

2.11 Ancillary Device Testing

Circuit: Corridor Damper(s) (list separately)
 Circuit: ☐ Elevator homing ☐ Alternate floor homing
 Elevator No. _____ is the designated Fireman's Elevator.
 Circuit: Front Door Release
 Circuit (other): _____
 Circuit (other): _____
 Circuit (other): _____

Circuit: Make-up Air Unit(s) (list separately) Shutdown
 Circuit: Corridor Door Holders (list separately)
 Circuit: Stairwell Pressurization Unit(s) (list separately)
 Circuit: Exhaust Fan Unit(s) Operation (list separately)
 Circuit (other): _____
 Circuit (other): _____
 Circuit (other): _____

Individual Device Test Record

Date:		<input type="checkbox"/> Annual	<input type="checkbox"/> Special Inspection/Audit
Building Name:		Address:	

Column Legend	
A	Correctly installed
B	Unit requires service, repair, missing, or cleaning
C	Alarm operation confirmed
D	Annunciator indication confirmed
E	Circuit number or address
F	Supervision and ground fault detection
G	Smoke detector sensitivity

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

[illegible]

Note: Confirmation of wiring supervision to each individual device is only required during an *initial inspection* and test or verification, and is not required at the annual test.

Individual Device Record

Date:		<input type="checkbox"/> Annual	<input type="checkbox"/> Special Inspection/Audit
Building Name:		Address:	

Column Legend	
A	Correctly installed
B	Unit requires service, repair, missing, or cleaning
C	Alarm operation confirmed
D	Annunciator indication confirmed
E	Circuit number or address
F	Supervision and ground fault detection
G	Smoke detector sensitivity

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

[illegible]

Note: Confirmation of wiring supervision to each individual device is only required during an *initial inspection* and test or verification, and is not required at the annual test.

Device Legend and Notes

Date:		<input type="checkbox"/> Annual	<input type="checkbox"/> Special Inspection/Audit
Building Name:	Address:		

Device	Description	Type	Model No.
M	Manual Pull station		
HD	Heat detector, restorable or non restorable, fixed temperature (2, 9)		
RHD	Heat detector, restorable, rate-of-rise thermostat (2, 9)		
S	Ionization type system smoke detector (1, 2, 9)		
PS	Photo-electric type system smoke detector (1, 2, 9)		
DS(PS)	Duct smoke detector ("PS" indicates Photo-Electric Type) (1, 2, 3, 9)		
FS	Sprinkler flow switch (4)		
FPS	Sprinkler flow pressure switch (4)		
TS	Sprinkler valve supervisory tamper switch (5)		
LA	Low Air supervisory device (5, 6)		
LT	Low Temperature supervisory device (5, 7)		
SA	Smoke alarm (single or multi-station type)		
EOL(R)	End-of-Line Device ("R" denotes Power Supervision Relay) (17)		
B	Bell		
H	Horn		
V	Visual alarm device (strobe, corridor indicator)		
BZ(S)	Mini Buzzer ("S" indicates "silenceable" type)		
SP	Cone type speaker		
HSP	Horn type speaker		
ET	Emergency Telephone		
AV	Combination Audible/Visual Device (i.e. Horn/Strobe Unit)		
OD	Other Type of Detector		
DM	Damper Motor		
R	Relay		
RPM	Remote Point Module (10)		
SRIM	Single Point Remote Initiating Module		
DRIM	Dual Input Remote Initiating Module		
SCIM	Signal Circuit Isolation Module		
SCRM	Signal Circuit Remote Module		
RRM	Remote Relay Module		
RPIM	Remote Point Isolator Module (13)		
AD	Other Ancillary Device (8)		
HTC	Heat Trace Controller (12)		

NOTES:

- Smoke detector sensitivity measurement and cleaning date should be recorded in the "Remarks" column.
- Status change, including time delay (where applicable), should be recorded in the "Remarks" column.
- Duct smoke detector pressure differential should be confirmed and recorded in the "Remarks" column. Detector tubes should be pulled and cleaned every three (3) years or if an unacceptable level of dust/particulate deposits are noted in the chamber. Note the date of service on a tag placed on the detector housing and in the "Remarks" column.
- Time delay setting of water flow switch should be recorded in the "Remarks" column.
- 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".
- Upper and lower pressure setting of supervisory devices should be recorded in the "Remarks" column.
- Low temperature setting should be recorded in the "Remarks" column.
- Identify the specific ancillary devices in the "Remarks" column.
- 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.
- Identify type and function of addressable device in the "Remarks" column.
- Charging currents in excess of 100 mA will significantly shorten the service life of Ni-Cad and sealed lead acid batteries. Three years is considered a safe replacement guideline in this instance. Always mark the installation date on any batteries replaced and ensure you identify the battery group/power supplies for cross-referencing in the report. Ensure that battery voltages are not less than 85% of nominal after testing is completed.
- Relays tied to listed fire alarm equipment initiating/supervisory circuits must be properly supervised. Note exceptions in "Comments".
- The system's verification documentation should provide information concerning the number of addressable devices that are connected to each isolator. Ensure this number does not exceed the Manufacturer's requirements. Any exceptions should be noted in "Comments".
- The building owner/manager must maintain the records for the Verification on site for inspection. Copies of the Verification Report should be appended to the building's file for future reference. Note exceptions in "Comments".
- A minimum of one alarm/supervisory zone must be tested for each annunciator or sequential display in order to confirm operation.
- Stand-by batteries that are remotely located more than twelve (12) meters from the Fire Alarms Common Control must be fused.
- List each End-of-Line Device in the Device Test Record. It is recommended that you also provide a voltage reading to compare with the ones recorded in the fire alarm system Verification Report.

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

Exceptions are noted in the "Comments" area on the last page of this report.

Comments

Date:		<input type="checkbox"/> Annual	<input type="checkbox"/> Special Inspection/Audit
Building Name:		Address:	

Comments:

<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> </div> <div> Service Company Information (Address, Telephone, & Contact Information) </div> </div>	<h2 style="margin: 0;">Emergency Lighting Unit Tests</h2>
<div style="display: flex; justify-content: space-between;"> <div>Date of Service:</div> <div>Last Service Date:</div> </div>	
<div style="display: flex; justify-content: space-around;"> <div> Monthly <input type="checkbox"/> </div> <div> Annual <input type="checkbox"/> </div> <div> Special Inspection <input type="checkbox"/> </div> </div>	
Building Name:	Contact Person: _____ Phone: _____ Fax: _____
Address:	Owner/Strata Number: _____ Phone: _____ Fax: _____
City:	Postal Code:

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

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". This document has been provided to the building owner's representative who has acknowledged receipt of same below. A copy should be maintained on the premises for examination by the Fire Marshal or Inspector at their request.

Company Name			
Technician	Certification Number	Date	Owner or Authorized Agent

Emergency Lighting Unit Tests (Continued)

Date:		
Building Name:		Address:

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 Unit Emergency Systems Testing

Insert Logo Here Service Company Information (Address, Telephone, & Contact Information)	Building Sprinkler Systems Tests			
	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:	Central Station:		Phone:
				Fax:

Summary of Tests in accordance with the BC Fire Code and referenced documents.

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"/>	Hydraulic Calculation Label in place? Date on Label: _____ 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". This document has been provided to the building owner's representative who has acknowledged receipt of same below. A copy should be maintained on the premises for examination by the Fire Marshal or Inspector at their request.

Company Name			
Technician	Certification Number	Date	Owner or Authorized Agent

Building Unit Emergency Systems Testing

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

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

<p>Quarterly Tests</p> <p>Main drain test (Reference NFPA 25 Section 12.2.6.1)</p> <p>Water flow alarms passed tests?</p> <p>Control valves opened until spring or torsion is felt in the rod?</p> <p>Valve supervisory switches indicate movement?</p> <p>Low air pressure alarms tested in as per mfg.s requirements?</p> <p>Pre-action/deluge valves (supervised) priming water tested?</p> <p>Alarm device, test on dry pipe, pre-action or deluge system using bypass?</p> <p>Inspectors test connection opened? (wet pipe when not freezing)</p> <p>Bypass connection opened? (wet pipe, dry pipe, pre-action and deluge systems when not freezing)</p> <p>Dry pipe valves/Quick opening devices (supervised) priming water tested for compliance with manufacturers' instructions?</p> <p>Quick opening devices passed test?</p>	<p>Annual Testing</p> <p>Are all sprinklers in service dated 1920 or later?</p> <p>Fast Response sprinklers in service for less than 20 yrs</p> <p>If "NO" test sample now and every 10 years?</p> <p>Record anti-freeze Specific Gravity:</p> <p>All control valves operated thru full range and returned to normal?</p> <p>Pressure regulating valve shall pass a full flow test.</p> <p>Backflow prevention assemblies have been tested by an agency acceptable to the local authority? Date:</p> <p>Standard sprinklers less than 50 yrs old. If "no" has a sample been tested within 10yrs, If "no" test sample now and every 10yrs.</p> <p>Low temperature alarms in dry pipe, pre-action and deluge valve enclosure passed test?</p> <p>Main Drain test shall be conducted on each system riser?</p> <p>Record Static pressure: PSIG <input type="checkbox"/> KPAG <input type="checkbox"/></p> <p>Residual pressure: PSIG <input type="checkbox"/> KPAG <input type="checkbox"/></p> <p>Are results comparable to previous tests?</p>
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Building Unit Emergency Systems Testing

Date:	
Building Name:	Address:

Sprinkler System Testing Continued:

Pre-action and deluge valve full flow trip test: (Note: Except where water cannot be discharged, test all systems simultaneously.)
Water discharge from all nozzles unimpeded?

Pressure reading at hydraulically most remote nozzle:

PSIG ☐ KPAG ☐

Residual pressure reading at valve: PSIG ☐ KPAG ☐

Was flow observed?

Are above readings comparable to design values?

Manual activation devices passed test?

Automatic air pressure maintenance devices passed test?

Dry pipe valve partial flow trip test:

Initial air pressure: PSIG ☐ KPAG ☐

Water pressure: PSIG ☐ KPAG ☐

Trip air pressure: PSIG ☐ KPAG ☐

Tripping time: Seconds

Are the results comparable to previous test?

Post indicator valves opened until spring or torsion is felt in rod.

Auto air maintenance devices on dry pipe & pre-action passed test?

All sprinkler pressure regulating control valves passed full flow test?

Dry-pipe full flow trip test (to be done every 3rd year):

Was water delivered to inspectors test connection?

Initial air pressure: PSIG ☐ KPAG ☐

Water pressure: PSIG ☐ KPAG ☐

Trip air pressure: PSIG ☐ KPAG ☐

Tripping time: Seconds

Are above results comparable to previous tests?

Tests to be done every fifth year:

Extra High, Very Extra High and Ultra High Temp sprinklers tested?

Gauges checked against calibrated gauge or replaced?

Sprinkler System Maintenance Items

Regular Maintenance Items

If sprinklers have been replaced, were they proper replacements?

Air leaks in dry-pipe system resulting in air pressure loss more than 10 psi/week repaired?

Dry-pipe systems being maintained in dry condition?

If any of the following were discovered, was an obstruction investigation conducted and the system flushed? Yes ☐ No ☐

1. Defective intake screen for pumps taking suction from open sources?

2. Obstructive material discharged during water flow tests?

3. Foreign materials found in dry-pipe valves, check valves or pumps?

4. Heavy discoloration of water during drain test or plugging of inspectors test connection?

5. Plugging of sprinklers found during activation or alteration?

6. Plugging found in piping dismantled during alterations?

Failure to flush yard piping or surrounding public mains following new installation or repairs?

Record of broken mains in the vicinity?

Abnormally frequent false tripping of dry-pipe valves?

System is returned to service after an extended period of non-service?

There is reason to believe the system contains sodium silicate?

Annual Maintenance Items

Operating stem of all OS&Y valves lubricated, completely closed, and reopened?

Interior of dry-pipe, pre-action and deluge valves cleaned?

Low points drained in dry pipe, pre-action & deluge systems prior to freezing weather?

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:

Building Unit Emergency Systems Testing

<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> </div> <div> Service Company Information (Address, Telephone, & Contact Information) </div> </div>		<h2 style="margin: 0;">Building Stand-pipe & Hose Systems Tests</h2>	
		Date of Service: _____	Last Service Date: _____
		System in service on inspection? YES <input type="checkbox"/> NO <input type="checkbox"/>	Fire Department Connection? YES <input type="checkbox"/> NO <input type="checkbox"/>
		Control valves locked or supervised? YES <input type="checkbox"/> NO <input type="checkbox"/>	Flow switch installed? YES <input type="checkbox"/> NO <input type="checkbox"/>
		Fire Pump installed? YES <input type="checkbox"/> NO <input type="checkbox"/>	Jockey Pump installed? YES <input type="checkbox"/> NO <input type="checkbox"/>
		Pressure regulating device present? YES <input type="checkbox"/> NO <input type="checkbox"/>	Hose nozzles in place? YES <input type="checkbox"/> NO <input type="checkbox"/>
		Length of hose provided: _____ meters <input type="checkbox"/> feet <input type="checkbox"/>	
		Hose is: Lined <input type="checkbox"/> Unlined <input type="checkbox"/>	
		Supply water pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>	System water pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>
Building Name: _____		Central Station: _____	
Address: _____		Management Company: _____	
City: _____ Postal Code: _____		System Class: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	
Contact Person: _____ Phone: _____ Fax: _____		Phone: _____ Fax: _____	
Owner/Strata Number: _____ Phone: _____ Fax: _____		Phone: _____ Fax: _____	

Yes	No	Owners Section:
<input type="checkbox"/>	<input type="checkbox"/>	Is the building fully sprinklered?
<input type="checkbox"/>	<input type="checkbox"/>	Is the building occupied?
<input type="checkbox"/>	<input type="checkbox"/>	Has the occupancy classification & hazard of contents remained the same?
<input type="checkbox"/>	<input type="checkbox"/>	Are all existing fire protection systems in service?
<input type="checkbox"/>	<input type="checkbox"/>	Have modifications or renovations been done since the last inspection?
<input type="checkbox"/>	<input type="checkbox"/>	Have any system devices (including alarms) been actuated since the last inspection?

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

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

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”. This document has been provided to the building owner's representative who has acknowledged receipt of same below. A copy should be maintained on the premises for examination by the Fire Marshal or Inspector at their request.

Company Name			
Technician	Certification Number	Date	Owner or Authorized Agent

Building Unit Emergency Systems Testing

Date:	
Building Name:	Address:

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

Inspection Items

Annually Hoses: Free from mildew, cuts and deterioration? Couplings of compatible threads and undamaged? Gaskets in place and in good condition? Hose(s) connected? Hose hydrostatic test dates are noted on page numbers: Nozzles: Nozzles & gaskets in place and in good condition? No visible obstructions? Nozzles operate smoothly? Nozzle is intact with no parts missing? Full operation of adjustments (such as pattern selection)?	Hose Storage Devices: Operates easily? Devices undamaged, unobstructed? Hose properly racked or rolled? Nozzle clips in place and nozzles contained? Will racks swing out of the cabinet at least ninety (90) degrees? Storage Cabinets: Glass break device in place? Cabinets accessible and identified? All parts (valves, hoses and fire extinguishers) accessible? Adequate heat available to areas where wet pipe is located? No visible obstructions? Cabinets have no corroded or damaged parts? Cabinets easy to fully open? Door glazing in good condition? Latches functional (including break-glass type)?
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Testing Items

Quarterly Water flow alarms passed test and provide correct annunciation? Valve supervisory switches indicate movement? Control valves shall be opened until spring or torsion is felt in the rod? Jockey pump operational and in good condition? Valve supervisory switches tested? Annual Tests Control valves shall be operated through its full range and returned to normal. 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"/> Are results comparable to previous tests?	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. 5 Year Tests Hose Connection Pressure Reducing Valve passed flow test? Hose Rack Assembly Pressure Reducing Valve passed flow test? 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? Flow Test - by flowing the required volume of water at design pressure to the hydraulically most remote hose connection? Check-valves internally inspected and all parts operate properly, move freely, and are in good condition? Pressure control valve passed test? Gauges tested and calibrated or replaced?
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Maintenance Items

Annually Hose nozzles - open and close and lubricate if necessary. Swing out Racks - lubricate and ensure proper operation. Hoses re-racked? Interior of dry pipe valve cleaned?	Control Valves - OS&Y stems shall be lubricated? Hose connections? Low points in dry systems drained prior to freezing weather? 5 Year Tests Check valves internally inspected and operating properly?
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Standpipe Hydrostatic and Flow Test Results (to be completed every five years)

Date of last hydro-test: _____		Date of last flow test: _____	
Start Time: _____	End Time: _____	Start Time: _____	End Time: _____
Initial Test Pressure: _____ Bar (PSI)	Static Pressure: _____ Bar (PSI)	Residual Pressure: _____ Bar (PSI)	Pitot Pressure: _____ Bar (PSI)
End Test 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)			

Comments/Remarks:

<div> <div>Insert Logo Here</div> <div>Service Company Information (Address, Telephone, & Contact Information)</div> </div>	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:
			Fax:
Address:		Owner/Strata Number:	Phone:
			Fax:
City:	Postal Code:		

“✓” Acceptable “X” Not Acceptable (Explain “NO” answers in comments).

[illegible]

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Company Name			
Technician	Certification Number	Date	Owner or Authorized Agent

Extinguisher/Fire Hose Unit Tests (Continued)

Date:		
Building Name:		Address:

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

“✓” Acceptable “X” Not Acceptable (Explain “NO” answers in comments).

[illegible]

Comments/Notations:	