Insert Logo Here

Service Company Information (Address, Telephone, & Contact Information

Building Life Safety Systems Testing

Date of Service:	Last Service Date:	Work Order Number:

Building Name:	Contact Person:	Phone:
		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 ☐

Estimated Time To Test Building: _____ Man Hours

Actual Time to Test Building: _____ Man Hours

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**

Insert Logo Here

Service Company Information (Address, Telephone, & Contact Information

Building Fire Alarm/EVAC System Testing

Date of Service:	Last Service Date:	Work Order Number:

Annual Inspection ☐	Special Inspection/Audit ☐	Direct Connection ☐ yes ☐ no

Single Stage ☐	Two Stage ☐	Number of Conventional Zones:
Addressable ☐	Conventional ☐	Initiating:
		Notification:
		Voice Paging:

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	No	Summary (FOLLOWS CAN/ULC-S536-13 Appendix "C", FIRE ALARM SYSTEM ANNUAL TEST & INSPECTION REPORT)
☐	☐	The fire alarm system is now fully functional without deficiencies.
☐	☐	The fire alarm system has: deficiencies ☐ remarks ☐ noted on the pages attached.
☐	☐	The entire fire alarm system has been tested in accordance with ULC/CAN-S536.
☐	☐	The fire alarm system has been tested in accordance with ULC/CAN-S537.
☐	☐	The system is tagged/labeled as having been tested in accordance with ULC CAN4-S537.
☐	☐	The fire alarm system documentation is on site and includes a description of the system.
☐	☐	Sequence of operation confirmed and tested.
☐	☐	A copy of this report will be given to: _____ (the owner or owner's representative for the building).

Yes	NA	Technician's Post Test Checklist
☐	☐	Reconnect time limit cutouts?
☐	☐	Reconnect ancillary functions?
☐	☐	Reconnect ancillary functions (off site connections)?
☐	☐	Reconnect signal power?
☐	☐	Advise fire department that testing is completed?
☐	☐	Advise central monitoring facility that testing is completed?
☐	☐	Ensure that the fire alarm system is fully functional?

Estimated number of End-of-Line Resistors*: _____
Actual number of End-of-Line Resistors tested: _____
* (Determined by the total number of conventional zones noted above.)

Certification

The information on this form (and in the documents attached here-to) attest to the fact that the equipment listed here-in was tested/inspected in conformance with applicable codes, bylaws, standards, and the manufacturer's requirements by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked "Remarks". 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.

Company:			
Supervising/Primary Technician Name	Certification Number/Stamp	Date	Signature
Company:			
Technician Conducting Test and Inspection	Certification Number/Stamp	Date	Signature

Date:		☐ Annual	☐ Special Inspection/Audit
Building Name:		Address:	

Documentation	Yes	No	N/A
Instructions for resetting the system and silencing alarm signals.	☐	☐	☐
Instructions for silencing the trouble signal and action to be taken when the trouble signal sounds.	☐	☐	☐
Description of the function of each operating control and indicator on the fire alarm control unit.	☐	☐	☐
Description of the area or fire zone protected by each alarm detection circuit (this may be in the form of a list or plan drawing).	☐	☐	☐
Description of alarm signal operation.	☐	☐	☐
Description of ancillary equipment controlled by the fire alarm system.	☐	☐	☐
Description of elevator homing functions activated by the fire alarm system.	☐	☐	☐
Magnetic door holder release activated by fire alarm system?	☐	☐	☐
Fire shutter release activated by fire alarm system?	☐	☐	☐
Extinguishing system controlled by fire alarm system?	☐	☐	☐
Fire Safety Plan documentation on site?	☐	☐	
Instructions to Occupants/Evacuation Floor Plans are posted.	☐	☐	
In systems that provide logical control of a smoke control system, documentation is on site and includes a sequence of operation of the smoke control system. Smoke control installed in accordance with Measure:	☐	☐	☐
Building diagrams are on site that clearly indicate the type and location of all smoke control equipment (fans, dampers, etc.).	☐	☐	☐
Additional documentation relating to smoke control measures in the building is appended to this report.	☐	☐	☐

There are a total of:	_____	remotely installed amplifiers in this FAS.
	_____	supervised power supplies in this FAS.
	_____	remote sequential display units in this FAS.
	_____	remote annunciators in this FAS.
	_____	remote trouble units in this FAS.
	_____	stand-by batteries in this FAS.
	_____	remote booster/power supplies in this FAS.

List all locations where remote booster/power supplies, batteries & amplifiers are installed:

Date:		☐ Annual	☐ Special Inspection/Audit
Building Name:		Address:	

C2.1 Control Unit or Transponder Tests

Control Unit/Transponder Field Location:

Control Unit/Transponder Identification:

		Yes	No	N/A
A	Power 'on' visual indicator operates.	☐	☐	☐
B	Common visual trouble signal operates.	☐	☐	☐
C	Common audible trouble signal operates.	☐	☐	☐
D	Trouble signal silence switch operates.	☐	☐	☐
E	Main Power supply failure trouble signal operates.	☐	☐	☐
F	Ground fault tested on positive and negative initiates trouble signal.	☐	☐	☐
G	Alert signal operates.	☐	☐	☐
H	Alarm signal operates.	☐	☐	☐
I	Automatic transfer from alert signal to alarm signal operates. Time:	☐	☐	☐
J	Manual transfer from alert signal to alarm signal.	☐	☐	☐
K	Automatic transfer from alert to alarm signal cancel (acknowledge) operates on a two stage system.	☐	☐	☐
L	Alarm signal silence inhibit function operates.	☐	☐	☐
M	Alarm signal manual silence operates.	☐	☐	☐
N	Alarm signal silence visual indication operates	☐	☐	☐
O	Alarm signal and visible signal devices, when silenced, automatically reinitiate upon subsequent alarm. ☐ In same zone ☐ In other zone/circuit	☐	☐	☐
P	Alarm signal silence automatic cut-out timer. Time:	☐	☐	☐
Q	Audible and visual alert signals and alarm signals programmed and operate per design and specification, or documentation as detailed in Appendix E, Description of Fire Alarm System for Inspection and Test Procedures.	☐	☐	☐
R	Input circuit alarm and supervisory operation, including audible and visual indication operates.	☐	☐	☐
S	Input circuit supervision fault causes a trouble indication.	☐	☐	☐
T	Output circuit alarm indicators operate.	☐	☐	☐
U	Output circuit supervision fault causes a trouble indication.	☐	☐	☐
V	Visual indicator test (lamp test) operates.	☐	☐	☐
W	Coded signal sequences operate not less than the required number of times and the correct alarm signal operates thereafter.	☐	☐	☐
X	Coded signal sequences are not interrupted by subsequent alarms.	☐	☐	☐
Y	Ancillary device by-pass results in trouble signal.	☐	☐	☐
Z	Input circuit to output circuit operation, including ancillary device circuits for correct program operation, as per design and specification, or documentation as detailed in Appendix E, Description of Fire Alarm System for Inspection and Test Procedures.	☐	☐	☐
AA	Fire alarm reset function operates.	☐	☐	☐
BB	Main power to emergency power supply transfer operates.	☐	☐	☐
CC	Smoke detector alarm verification (status change confirmation) verified. [Refer to Subsection 6.7.4.3, Smoke Detector Alarm Verification (Status Change Confirmation)].	☐	☐	☐
Recommended Additional Testing (not mandated by the Standard):		**Yes**	**No**	**N/A**
Alarm, trouble, & supervisory relays function correctly.		☐	☐	☐
Control panel bonded to ground.		☐	☐	☐

Is an AC disconnecting switch installed? YES ☐ NO ☐

(ULC CAN4-S524 restricts this, but some AHJ's will accept it. A "YES" answer here must be noted in the "Remarks" section of this report.)

Date:		☐ Annual	☐ Special Inspection/Audit
Building Name:		Address:	

C2.2 Voice Communication Test

Location: _____
Identification: _____

		Yes	No	N/A
A	Power 'on' visual indicator operates.	☐	☐	☐
B	Common visual trouble signal operates.	☐	☐	☐
C	Common audible trouble signal operates.	☐	☐	☐
D	Trouble signal silence switch operates.	☐	☐	☐
E	All-call voice paging, including visual indicator, operates.	☐	☐	☐
F	Output circuits for selective voice paging, including visual indication, operates.	☐	☐	☐
G	Output circuits for selective voice paging trouble operation, including visual indication, operates.	☐	☐	☐
H	Microphone, including press to talk switch, operates.	☐	☐	☐
I	Operation of voice paging does not interfere with initial inhibit time of alert signal and alarm signal.	☐	☐	☐
J	All-call voice paging operates (on emergency power supply).	☐	☐	☐
K	Upon failure of one amplifier, system automatically transfers to backup amplifier(s).	☐	☐	☐
L	Circuits for emergency telephone call-in operation, including audible and visual indication operates.	☐	☐	☐
M	Circuits for emergency telephones for operation, including two-way voice communication, operates.	☐	☐	☐
N	Circuits for emergency telephone trouble operation, including visual indication, operates.	☐	☐	☐
O	Emergency telephone verbal communication operates.	☐	☐	☐
P	Emergency telephone operable or in-use tone at handset operates.	☐	☐	☐
Q	While in standby mode, voice communication busses used for paging, alert signal, alarm signal, and emergency telephone communication circuits, an open circuit fault, or short circuit fault, or operation of an overcurrent protective device provided for the purpose, shall result in a specific trouble indication specific to the faulty buss.	☐	☐	☐

Recommended Additional Testing (not mandated by the Standard):	Yes	No	N/A
Visual indicator test (lamp test) operates.	☐	☐	☐
Main power to emergency power supply transfer operates.	☐	☐	☐
Communication control enclosure bonded to ground.	☐	☐	☐
Trouble signal on the voice communication system results in common trouble signal on the fire alarm system.	☐	☐	☐
Dead-front panel(s) in place & as per manufacturer's specification.	☐	☐	☐

Date:		☐ Annual	☐ Special Inspection/Audit
Building Name:		Address:	

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

Date:		☐ Annual	☐ Special Inspection/Audit
Building Name:		Address:	

C2.4 Power Supply Inspection

Power Supply Field Location:	
Power Supply Identification:	
Circuit Disconnect Means Location:	
Circuit Panel/Breaker Identification:	

		Yes	No	N/A
A	Fused in accordance with the manufacturer's marked rating of the system.	☐	☐	☐
B	Adequate to meet the requirements of the system.	☐	☐	☐
C	Where fault isolation in power distribution riser has been provided, tests have been conducted to ensure a wire-to-wire short in the field wiring between each pair of control units or transponders, in turn, results in annunciation of the fault and continued operation outside of the shorted section confirmed.	☐	☐	☐
Recommended Additional Visual Inspection (not mandated by the Standard):		**Yes**	**No**	**N/A**
	Dead-front panel(s) in place & as per manufacturer's specification.	☐	☐	☐
	Ancillary devices, which are powered from the control unit or transponder, are recorded.	☐	☐	☐
	Power for ancillary devices is taken from a source separate from the fire alarm system control unit or transponder power supply.	☐	☐	☐
	Power for ancillary devices is taken from the control unit or transponder that is designed to provide such power.	☐	☐	☐
	Power supply cabinet (where applicable) is clean and free of dust and dirt.	☐	☐	☐

C2.5 Emergency Power Supply Test And Inspection

Emergency Power Supply Field Location:	
Emergency Power Supply Identification:	
Battery Type (as installed):	☐ Sealed Lead Acid ☐ Ni-Cad ☐ Lithium-Ion ☐ Wet Lead
Battery Capacity (as installed):	AH
Required Building Code Alarm Operation:	☐ 30 minutes ☐ 120 minutes

				Yes	No	N/A
A	Correct battery type as recommended by the manufacturer.			☐	☐	
B	Correct battery rating as determined by battery calculations based on full system load.			☐	☐	☐
C	Battery voltage (main power "on"):		VDC			
D	Battery voltage – main power "off" – FAS in supervisory condition:		VDC			
	Battery current - main power "off" – FAS in supervisory condition:		mA			
E	Battery voltage – main power "off" – FAS in full load ALARM:		VDC			
	Battery current – main power "off" – FAS in full load ALARM:		A			
F	Battery charging current (main power "on"):		mA			
G	Inspected for physical damage.			☐	☐	☐
H	Terminals cleaned and lubricated.			☐	☐	☐
I	Terminals clamped tightly.			☐	☐	☐
J	Correct electrolyte level.			☐	☐	☐
K	Specific gravity of the electrolyte is within the battery manufacturer's specifications.			☐	☐	☐
L	Inspected for electrolyte leakage.			☐	☐	☐
M	Adequately ventilated.			☐	☐	☐
N	Record manufacturer's date code or in-service date:					
O	Disconnection causes trouble signal.			☐	☐	☐
P	Indicate type of test performed on a fully charged battery (select one):					
	(i) Required supervisory load for 24 h followed by the required full load operation;			☐	☐	☐
	(ii) Silent test using load resistor method for full duration test. (Refer to Appendix F1);			☐	☐	☐
	(iii) Silent accelerated test. (Refer to Appendix F2);			☐	☐	☐
	(iv) A battery capacity meter test. (Refer to Appendix F3); or			☐	☐	☐
	(v) Replace the batteries with a new set having a current date code/capacity/type			☐	☐	☐
Q	Record calculated battery capacity (refer to Appendix D3.1-C).		AH			
R	Record the battery terminal voltage after tests are completed.		VDC			
S	Battery voltage not less than 85% of its rated capacity after tests completed.			☐	☐	☐
T	Generator provides power to the AC circuit serving the fire alarm system.			☐	☐	☐
U	Trouble condition at the emergency generator results in an audible common trouble signal and a visual indication at the required annunciator.			☐	☐	☐

Recommended Additional Inspection (not mandated by the Standard):

Generator fueled by:	☐ Diesel	☐ Natural Gas	☐ Other:		
Fuel Level:		% of full capacity	Estimated run time:		Hours

Date:		☐ Annual	☐ Special Inspection/Audit
Building Name:		Address:	

C2.6 ANNUNCIATOR AND DISPLAY AND CONTROL CENTRE TEST AND INSPECTION

Annunciator Location:

Annunciator Identification:

		Yes	No	N/A
A	Power "on" indicator operates.	☐	☐	☐
B	Individual alarm and supervisory input zone clearly indicated and separately designated.	☐	☐	☐
C	Individual alarm and supervisory input zone designation labels are properly identified.	☐	☐	☐
D	Where active and supporting field devices are utilized, device labels correspond with actual field location.	☐	☐	☐
E	Common trouble signal operates.	☐	☐	☐
F	Visual indicator test (lamp test) operates.	☐	☐	☐
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.	☐	☐	☐
H	Alarm signal silence visual indicator operates.	☐	☐	☐
I	Switches for ancillary functions operate as per design and specification.	☐	☐	☐
J	Ancillary functions visual indicators operates.	☐	☐	☐
K	Manual activation of alarm signal and indication operates.	☐	☐	☐
L	Displays are visible in the installed location.	☐	☐	☐
M	Operates on emergency power.	☐	☐	☐
N	Multi-line sequential display operates as per Appendix C5.9 (Annunciators or Sequential Displays), where utilized.	☐	☐	☐

C2.7 ANNUNCIATORS OR SEQUENTIAL DISPLAYS

Annunciator/Sequential Display Location:

Annunciator/Sequential Display Identification:

		Yes	No	N/A
A	Power "on" indicator operates.	☐	☐	☐
B	Individual alarm and supervisory zone indication operates.	☐	☐	☐
	Exception: Operation of each individual alarm and supervisory zone indication gives the identical indication, or lights the identical indicators at the other annunciator(s) and sequential display(s).	☐	☐	☐
	Specify method of confirmation:			
	Minimum of one alarm zone and one supervisory zone tested per annunciator or sequential display to confirm operation.	☐	☐	☐
C	Individual alarm and supervisory input zone designation labels are properly identified.	☐	☐	☐
D	Where active and supporting field devices are utilized, device labels correspond with actual field location.	☐	☐	☐
E	Common trouble signal operates.	☐	☐	☐
F	Visual indicator test (lamp test) operates.	☐	☐	☐
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.	☐	☐	☐
H	Alarm signal silence visual indicator operates.	☐	☐	☐
I	Switches for ancillary functions operate as per design and specification.	☐	☐	☐
J	Ancillary functions visual indicators operates.	☐	☐	☐
K	Manual activation of alarm signal and indication operates.	☐	☐	☐
L	Displays are visible in the installed location.	☐	☐	☐

C2.8 Remote Trouble Signal Unit Test And Inspection

Remote trouble signal unit location:

Remote trouble signal unit identification:

		Yes	No	N/A
A	Input wiring from control unit or transponder is supervised.	☐	☐	☐
B	Visual trouble signal operates.	☐	☐	☐
C	Audible trouble signal operates.	☐	☐	☐

Date:		☐ **Annual** ☐ **Special Inspection/Audit**
Building Name:		**Address:**

C2.9 Printer Test

Printer Location:

Printer Identification:

		Yes	No	N/A
A	Operates as per design and specification, or in accordance with documentation provided in Appendix E.	☐	☐	☐
B	Zone of each alarm initiating device is correctly printed.	☐	☐	☐
C	Rated voltage is present.	☐	☐	☐

C2.10 Operation Test for Data Communication Link

Control Unit/Transponder Field Location:

Control Unit/Transponder Identification:

DCL Identification:

		Yes	No	N/A
A	Confirm that a trouble signal is received at the control unit or transponder under an open loop fault.	☐	☐	☐
B	Where fault isolation modules are installed in data communication links serving field devices, wiring shorted on the isolated side, annunciation of the fault confirmed, and then a device on the source side operated, and activation confirmed at the control unit or transponder.	☐	☐	☐
C	Where fault isolation in data communication links is provided between control units or transponders and between transponders, introduce a short circuit fault and confirm annunciation of the fault and operation outside the shorted section between each pair of:			
	(i) Control unit to control unit	☐	☐	☐
	(ii) Control unit to transponder	☐	☐	☐
	(iii) Transponder to transponder	☐	☐	☐

Control Unit/Transponder Field Location:

Control Unit/Transponder Identification:

DCL Identification:

		Yes	No	N/A
A	Confirm that a trouble signal is received at the control unit or transponder under an open loop fault.	☐	☐	☐
B	Where fault isolation modules are installed in data communication links serving field devices, wiring shorted on the isolated side, annunciation of the fault confirmed, and then a device on the source side operated, and activation confirmed at the control unit or transponder.	☐	☐	☐
C	Where fault isolation in data communication links is provided between control units or transponders and between transponders, introduce a short circuit fault and confirm annunciation of the fault and operation outside the shorted section between each pair of:			
	(i) Control unit to control unit	☐	☐	☐
	(ii) Control unit to transponder	☐	☐	☐
	(iii) Transponder to transponder	☐	☐	☐

Control Unit/Transponder Field Location:

Control Unit/Transponder Identification:

DCL Identification:

		Yes	No	N/A
A	Confirm that a trouble signal is received at the control unit or transponder under an open loop fault.	☐	☐	☐
B	Where fault isolation modules are installed in data communication links serving field devices, wiring shorted on the isolated side, annunciation of the fault confirmed, and then a device on the source side operated, and activation confirmed at the control unit or transponder.	☐	☐	☐
C	Where fault isolation in data communication links is provided between control units or transponders and between transponders, introduce a short circuit fault and confirm annunciation of the fault and operation outside the shorted section between each pair of:			
	(i) Control unit to control unit	☐	☐	☐
	(ii) Control unit to transponder	☐	☐	☐
	(iii) Transponder to transponder	☐	☐	☐

Date:		☐ Annual	☐ Special Inspection/Audit
Building Name:		Address:	

C2.11 Interconnection to the Fire Signal Receiving Centre

Communicator Location: _____

Circuit Disconnect Means Location: _____

Circuit Panel/Breaker Identification: _____

		Yes	No	N/A
A	The fire signal receiving centre transmitter is integral to the fire alarm control unit.	☐	☐	
B	The fire signal receiving centre transmitter is located remotely from the fire alarm control unit.	☐	☐	
C	Tested and confirmed operation of alarm relay.	☐	☐	☐
D	Tested and confirmed operation of trouble relay.	☐	☐	☐
E	Tested and confirmed operation of supervisory relay.	☐	☐	☐
F	Confirm that the alarm transmission to the fire signal receiving centre is received.	☐	☐	☐
G	Confirm that the supervisory transmission to the fire signal receiving centre is received.	☐	☐	☐
H	Confirm that the trouble transmission to the fire signal receiving centre is received.	☐	☐	☐
I	Operation of the fire signal receiving centre transmitter bypass means results in a specific trouble indication at the fire alarm control unit or transponder	☐	☐	☐
J	Operation of the fire signal receiving centre disconnect means transmits a trouble signal to the fire signal receiving centre.	☐	☐	☐
K	Record the name and telephone number of the fire signal receiving centre. Company: _____ Telephone: _____ Address: _____			

Recommended Additional Inspection (not mandated by the Standard):	Yes	No	N/A
The communicator is installed in accordance with CAN/ULC-S561.	☐	☐	☐
The fire signal receiving centre is ULC Listed.	☐	☐	☐
The fire signal receiving centre ULC certification number is: _____			
Communicator is being tested in accordance with CAN/ULC-S561. Supporting documentation attesting to this is on site and has been reviewed.	☐ ☐	☐ ☐	☐ ☐
The ULC “Central Station Fire Protective Signaling Service” Certificate is valid.	☐	☐	☐
The ULC “Central Station Fire Protective Signaling Service” Certificate expires on: _____			
The last inspection noted on the Certificate occurred on: _____			
The communicator has been reset following completion of testing.	☐	☐	☐
The communicator has been placed back into service.	☐	☐	☐
The communicator is trouble free.	☐	☐	☐

Date:		☐ Annual	☐ Special Inspection/Audit
Building Name:		Address:	

Additional CAN/ULC-S536-04 Inspection Items			
(ULC CAN4-S536-04 5.7) Field Devices Testing	**Yes**	**No**	**N/A**
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	☐	☐	☐
(CAN/ULC-S536-04 5.7.4) Smoke Detector Testing	**Yes**	**No**	**N/A**
Inspected for cleanliness.	☐	☐	☐
Sensitivity tested (results are recorded in the Device Test Record).	☐	☐	☐
Tested for Operation (results are recorded in the Device Test Record).	☐	☐	☐
Status change confirmation inspected and tested.	☐	☐	☐
Air duct smoke detectors tested to CAN/ULC-S436-04 5.7.4.4.	☐	☐	☐
Beam type smoke detectors inspected and tested.	☐	☐	☐
Flame detectors inspected and tested.	☐	☐	☐
Combination (multi-criteria) detectors inspected and tested?	☐	☐	☐
Automatic Detectors (other types) inspected and tested for: a) Alarm initiation b) Correct orientation so as to detect the anticipated hazard c) Sensitivity tested (results are recorded in the Device Test Record)	 ☐ ☐ ☐	 ☐ ☐ ☐	 ☐ ☐ ☐
All tested devices are compatible with the control panel.	☐	☐	☐
Exceptions are identified in the Device Test Record.	☐	☐	☐
(CAN/ULC-S536-04 5.7.8.1) Water Flow Detection Devices	**Yes**	**No**	**N/A**
Tested by appropriate water flow means (time delay are recorded in the Device Test Record).	☐	☐	☐
(CAN/ULC-S536-04) Supervisory Devices	**Yes**	**No**	**N/A**
Shut-off valves tested and result in ☐ Trouble ☐ Supervisory signal at the fire alarm panel.	☐	☐	☐
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) supervisory tested.	☐	☐	☐
(CAN/ULC-S536-04 5.7.8.4) Supervisory Devices (Other Types)	**Yes**	**No**	**N/A**
Inspected and tested as per manufacturer's requirements.	☐	☐	☐
(CAN/ULC-S536-04) 5.7.9 Signaling Appliances	**Yes**	**No**	**N/A**
Individually inspected and tested for operation, proper installation, tightness, tampering/obstruction.	☐	☐	☐
Intelligibility (clarity) of voice messages confirmed.	☐	☐	☐
Audibility of alert, alarm and voice messages checked.	☐	☐	☐
Visual signal appliances individually inspected and tested.	☐	☐	☐
Combination appliances individually inspected and tested.	☐	☐	☐
In-suite signal isolator modules have been identified, individually inspected, and tested.	☐	☐	☐
Smoke Alarms	**Yes**	**No**	**N/A**
Powered by un-switched "AC"?	☐	☐	☐
Battery operated?	☐	☐	☐
Batteries Replaced?	☐	☐	☐
Interconnection function tested (multiple station alarms)?	☐	☐	☐
Audibility of alarm sounder checked?	☐	☐	☐
Visible signaling appliances tested?	☐	☐	☐
Testing results and any exceptions are identified in the Device Test Record.	☐	☐	☐
Testing method used: Canned Smoke ☐ Test Button ☐ Magnet ☐			

Date:		☐ **Annual**	☐ **Special Inspection/Audit**
Building Name:		**Address:**	

C2.12 Ancillary Device Circuit Test

Record Specific Type of Ancillary Circuit	Operation of Ancillary Circuit Confirmed		
	Yes	**No**	**N/A**
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

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

Date:		☐ **Annual**	☐ **Special Inspection/Audit**
Building Name:		**Address:**	

C2.13 DEFICIENCIES

C2.14 RECOMMENDATIONS

Date:		☐ **Annual**	☐ **Special Inspection/Audit**
Building Name:		**Address:**	

C2.15 REMARKS

C3. FIELD DEVICE RECORD

C3.1 FIELD DEVICE TESTING – LEGEND AND NOTES

Date:		☐ **Annual**	☐ **Special Inspection/Audit**
Building Name:		**Address:**	

Device	Description	Type	Model No.
M	Manual Pull station		
HD	Heat detector, restorable or non-restorable, fixed temperature (10)		
RHD	Heat detector, restorable, rate-of-rise thermostat (10)		
S	Ionization type system smoke detector (1, 2, 3)		
PS	Photo-electric type system smoke detector (1, 2, 3)		
DS(PS)	Duct smoke detector ("PS" indicates Photo-Electric Type) (1, 2, 3, 4)		
FS	Sprinkler flow switch (5)		
FPS	Sprinkler flow pressure switch		
TS	Sprinkler valve supervisory tamper switch (6)		
LA	Low Air supervisory device (7)		
LT	Low Temperature supervisory device (8)		
SA	Smoke alarm (single or multi-station type)		
EOL(R)	End-of-Line Device ("R" denotes Power Supervision Relay) (12)		
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 (14)		
SRIM	Single Point Remote Initiating Module (14)		
DRIM	Dual Input Remote Initiating Module (14)		
SCIM	Signal Circuit Isolation Module (14)		
SCRM	Signal Circuit Remote Module (14)		
RRM	Remote Relay Module (14)		
RPIM	Remote Point Isolator Module (14)		
AD	Other Ancillary Device (11)		
HTC	Heat Trace Controller		

NOTES:

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

C3.2 INDIVIDUAL DEVICE RECORD

Date:		☐ Annual ☐ Special Inspection/Audit	
Building Name:		Address:	

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

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

Location	Device	A	B	C	D	E	F	G	Remarks

Note: Confirmation of wiring supervision and ground fault indication is required to be carried out at all end-of-line devices on an annual basis.

Insert Logo Here

Service Company Information (Address, Telephone, & Contact Information

Emergency Lighting Unit Tests

Date of Service:	Last Service Date:

Monthly ☐	Annual ☐	Special Inspection ☐

Building Name:	Contact Person:	Phone:
		Fax:
Address:	**Owner/Strata Number:**	**Phone:**
		Fax:
City:	**Postal Code:**	

Monthly Inspection and Tests			
A	Pilot lights are functioning?	**D**	Battery surface clean and dry?
B	Terminal connections clean?	**E**	Electrolyte level and specific gravity, OK?
C	Terminal clamps clean and tight?	**F**	Proper light function - power loss?

Annual Tests	
G	Test to ensure lights function for a duration equal to design criteria?
H	Test charging conditions for voltage & current recovery period to ensure charging system is functioning.

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

Location of Unit	Monthly Inspection and Tests						Annual Tests		Times		Voltage/ Size	Comments
	A	B	C	D	E	F	G	H	On	Off		

The information on this form (and in the documents attached here-to) attest to the fact that the equipment listed here-in was tested/inspected in conformance with applicable codes, bylaws, standards, and the manufacturer's requirements by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked "comments". 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 Conducting Testing	**Certification Number/Stamp**	**Date**	**Technician Signature**

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

Insert Logo Here

Service Company Information (Address, Telephone, & Contact Information

Building Sprinkler Systems Tests

Date of Service:	Last Service Date:		
Daily ☐	**Weekly** ☐	**Monthly** ☐	**Quarterly** ☐
Semiannual ☐	**Annual** ☐	**Third Year** ☐	**Fifth Year** ☐

Building Name:	**Contact Person:**	**Phone:**	
		Fax:	
Address:	**Owner/Strata Number:**	**Phone:**	
		Fax:	
City: / **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
☐	☐	Compressor Manufacturer/Model No.: _____ Date of last compressor service: _____
		Designer: _____ Engineer: _____
☐	☐	Corrosion evident? Sprinkler Heads ☐ Joints ☐ Hangers ☐ Supply/Riser/Distribution Piping ☐ Valves ☐
		Corrosion is: Minor ☐ Moderate ☐ Severe ☐ Condition of heat tracing/insulation: Good ☐ Fair ☐ Poor ☐ NA ☐
☐	☐	Replacement of affected components is indicated. ("Yes" answer detailed in remarks section)
☐	☐	Remarks concerning the system have been made? (Please refer to the Comments/Remarks section of this report.)

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 Performing Test	**Certification Number/Stamp**	**Date**	**Technician Signature**

Building Sprinkler Systems Tests (Continued)

Date:			
Building Name:		**Address:**	

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

System Number:

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

Sprinkler System Inspection

Daily / weekly if low temperature alarms are installed.

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

Weekly

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

Weekly and Monthly Inspection Items

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

Quarterly Inspection Items (in addition to above)

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

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

Annual inspection items.

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

Fifth year inspection items.

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

Sprinkler System Testing

Quarterly Tests

Water flow alarms passed tests?
Control valves opened until spring or torsion is felt in the rod?
Valve supervisory switches indicate movement?
Low air pressure alarms tested in as per mfg's requirements?
Pre-action/deluge valves (supervised) priming water tested?
Alarm device, test on dry pipe, pre-action or deluge system using bypass?
Inspectors test connection opened? (wet pipe when not freezing)
Bypass connection opened? (wet pipe, dry pipe, pre-action and deluge systems when not freezing)
Dry pipe valves/Quick opening devices (supervised) priming water tested for compliance with manufacturers' instructions?
Quick opening devices passed test?

Main drain test shall be conducted on each system riser.
Record Static pressure: PSIG ☐ KPAG ☐
Residual pressure: PSIG ☐ KPAG ☐

Annual Testing

Are all sprinklers in service dated 1920 or later?
Fast Response sprinklers in service for less than 20 yrs
If "NO" test sample now and every 10 years?
Record anti-freeze Specific Gravity:
All control valves operated thru full range and returned to normal?
Pressure regulating valve shall pass a full flow test.
Backflow prevention assemblies have been tested by an agency acceptable to the local authority? Date:
Forward flow test has been conducted.
Forward Flow Test results are recorded on the backflow test report?
Standard sprinklers less than 50 yrs old. If "no" has a sample been tested within 10yrs, If "no" test sample now and every 10yrs.
Low temperature alarms in dry pipe, pre-action and deluge valve enclosure passed test?

Main Drain test shall be conducted on each system riser.
Record Static pressure: PSIG ☐ KPAG ☐
Residual pressure: PSIG ☐ KPAG ☐

Are results comparable to previous tests?

Building Sprinkler Systems Tests (Continued)

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	

Date of trip test (from records on site) was: _____

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?

Date of service (from records on site) was: _____

_____ Are above results comparable to previous tests?

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:

Insert Logo Here

Service Company Information
(Address, Telephone, & Contact Information

Building Stand-pipe & Hose Systems Tests

Date of Service:	**Last Service Date:**
System in service on inspection? YES ☐ NO ☐	Fire Department Connection? YES ☐ NO ☐
Control valves locked or supervised? YES ☐ NO ☐	Flow switch installed? YES ☐ NO ☐
Fire Pump installed? YES ☐ NO ☐	Jockey Pump installed? YES ☐ NO ☐
Pressure regulating device present? YES ☐ NO ☐	Hose nozzles in place? YES ☐ NO ☐
Length of hose provided:	meters ☐ feet ☐
Hose is: Lined ☐ Unlined ☐	
Supply water pressure:	PSIG ☐ KPAG ☐
System water pressure:	PSIG ☐ KPAG ☐

Building Name:			
Address:			
City:	**Postal Code:**		
Contact Person:	**Phone:**	**Central Station:**	**Phone:**
	Fax:		**Fax:**
Owner/Strata Number:	**Phone:**	**Management Company:**	**Phone:**
	Fax:		**Fax:**

System Class: ☐ I ☐ II ☐ III

Yes	No	Owners Section:
☐	☐	Is the building fully sprinklered?
☐	☐	Is the building occupied?
☐	☐	Has the occupancy classification & hazard of contents remained the same?
☐	☐	Are all existing fire protection systems in service?
☐	☐	Have modifications or renovations been done since the last inspection?
☐	☐	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.

Technician Performing Test	Certification Number/Stamp	Date	Technician Signature

Building Standpipe and Hose Systems Testing (Continued)

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)?

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 ☐ KPAG ☐
  - Residual pressure: _____ PSIG ☐ KPAG ☐
- 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?

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?

Standpipe Hydrostatic and Flow Test Results (to be completed every five years)

Date of last hydro-test: _____

Start Time: _____ End Time: _____

Initial Test Pressure: _____ Bar (PSI)

End Test Pressure: _____ Bar (PSI)

Date of last flow test: _____

Start Time: _____ End Time: _____

Static Pressure: _____ Bar (PSI)

Residual Pressure:: _____ Bar (PSI)

Pitot Pressure: _____ Bar (PSI)

Nozzle Diameter: _____ cm ☐ inches ☐

Flow Rate: _____ liters/min ☐ gallons/min ☐

Notes:

1. Flow tests are to be conducted from the hydraulically most remote standpipe outlet.
2. For Class I or III systems, the minimum flow should be 1893 liters/min (500 gallons/min) at a residual pressure of 6.9 bar (100 psi)
3. For Class II systems, the minimum flow should be 379 liters/min (100 gallons/min) at a residual pressure of 4.5 bar (65 psi)

Comments/Remarks:

Insert Logo Here	Service Company Information (Address, Telephone, & Contact Information	Extinguisher/Fire Hose Unit Tests		
		Date of Service:	**Last Service Date:**	
		Monthly ☐	**Annual** ☐	**Special Inspection** ☐
Building Name:		**Contact Person:**	**Phone:**	
			Fax:	
Address:		**Owner/Strata Number:**	**Phone:**	
			Fax:	
City:	**Postal Code:**			

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

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

EXTINGUISHERS/HOSES

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

Comments/Notations:

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 Performing Test	**Certification Number/Stamp**	**Date**	**Technician Signature**

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**

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

EXTINGUISHERS/HOSES

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

Comments/Notations:

Building Fire Pump Tests

Insert Logo Here

Service Company Information (Address, Telephone, & Contact Information

Date of Service:	Last Service Date:		
Daily ☐	Weekly ☐	Monthly ☐	Quarterly ☐
Semiannual ☐	Annual ☐	Third Year ☐	Fifth Year ☐

Building Name:	**Contact Person:**	**Phone:**	
		Fax:	
Address:	**Owner/Strata Number:**	**Phone:**	
		Fax:	
City: / **Postal Code:**	**Central Station:**	**Phone:**	
		Fax:	

NAME PLATE INFORMATION:

PUMP

Make:			
Model:			
Serial Number:			
Capacity @ 100%:		GPM ☐	LPM ☐
Rated Head @ 100%:		PSIG ☐	KPAG ☐
Capacity @ 150%:		GPM ☐	LPM ☐
Rated Head @ 150%		PSIG ☐	KPAG ☐
Shut-off Head:		PSIG ☐	KPAG ☐
Supply Pressure:		PSIG ☐	KPAG ☐

MOTIVATOR

Type:	Diesel ☐ Electric ☐	Other:	
Make:		Serial Number:	
Model:		Size:	HP
Voltage:		Full Load Current:	Amps
Enclosure:		Rated Speed:	RPM
No of Cynd:			

CONTROLLER

Make:		Serial Number:	
Model:		Transfer Switch?	Yes ☐ No ☐

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

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

FIRE PUMP INSPECTION ITEMS

WEEKLY INSPECTION ITEMS

Fire Pump Room/Enclosure

- ___ Heated to maintain temperature above 4C / 40deg
- ___ Suction and discharge pressure gauges free from damage
- ___ Ventilation louvers are unobstructed and free to operate

System Piping and Valve Condition

- ___ Pump suction, discharge and bypass valves in normal position
- ___ Inspect associated piping for leaks
- ___ Suction line pressure normal? ____ PSIG ☐ KPAG ☐
- ___ System line pressure normal? ____ PSIG ☐ KPAG ☐
- ___ Suction reservoir full?
- ___ Wet pit suction screens are unobstructed and properly installed

Diesel Engine Condition Inspection

- ___ Fuel level is not less than 70% of full capacity
- ___ Controller selector switch is in "auto" position
- ___ Batteries (2) voltage readings are normal
- ___ Batteries (2) charging current is normal
- ___ Batteries (2) status indicator lamps are normal
- ___ Electrolyte level in batteries is normal
- ___ Engine hour clock reading: ____ hours
- ___ Oil level in right angle gear drive is normal
- ___ Crankcase oil level is normal
- ___ Condition of oil? Clean ☐ Cloudy ☐ Dirty ☐
- ___ Cooling water level is normal
- ___ Water-jacket/engine block heater is operating
- ___ Battery terminals clean, tight and free from corrosion
- ___ All alarm & trouble indicators are off (activate visual lamp test function)

Exhaust System

- ___ Inspected for leakage
- ___ Condensation trap drained

Electrical System Conditions

- ___ Controller power light on
- ___ Transfer switch normal, pilot light illuminated
- ___ Isolating switch closed - standby (emergency) source
- ___ Reverse phase alarm pilot lamp off/ normal phase rotation pilot lamp on
- ___ Oil level in normal (check sight glass)
- ___ Condition of oil in sight glass? Clean ☐ Cloudy ☐ Dirty ☐
- ___ Visual lamp test

ANNUAL INSPECTION ITEMS

- ___ Check pump shaft end play?
- ___ Check accuracy of pressure gauges and sensors?
- ___ Check pump coupling alignment?
- ___ Inspect emergency manual starting means (without power)?
- ___ Tighten electrical connection as required?
- ___ Inspect mechanical moving parts for lubrication, excluding starters/relays
- ___ Inspect calibrated pressure switch settings?
- ___ Inspect duct work for combustion air?
- ___ Inspect exhaust hangers and supports?

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

Building Fire Pump Tests (Continued)

Date:			
Building Name:		**Address:**	

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

FIRE PUMP TESTING ITEMS
WEEKLY ACTION ITEMS

Piping & Associated Equipment

Pump operated without flowing water: 10 minutes ☐ 30 minutes ☐

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

Suction pressure at gauge: _____ PSIG ☐ KPAG ☐

Discharge pressure at gauge : _____ PSIG ☐ KPAG ☐

Packing gland adjusted as required? Yes ☐ No ☐

Checked for unusual noise or vibration?

Check packing boxes, bearings or pump casing for overheating?

Record pump start pressure : _____ PSIG ☐ KPAG ☐

Electrically Driven Pump Test

Pump run for ten (10) minutes

Time for motor to accelerate to full speed: _____ seconds

For reduced voltage or reduced current starting, record time controller is on first step: _____ seconds

Record automatic stop time: _____ minutes

Diesel Engine Driven Pump Test

Pump run for thirty (30) minutes

Oil Pressure: _____ PSIG ☐ KPAG ☐

Oil Temperature: _____ C ☐ F ☐

Engine Speed: _____ RPM

Water Temperature: _____ C ☐ F ☐

Record time for diesel engine to crank: _____ seconds

Time for engine to normal run speed: _____ seconds

Heat exchanger checked for cooling water flow?

Is the controller performing run tests automatically? Yes ☐ No ☐

Test log reviewed via visual display at controller? Yes ☐ No ☐

Date last automatic test logged? _____

FIRE PUMP TESTING

Monthly testing

Exercise isolating switch & circuit breaker for proper operation?

Test circuit breakers and fuses for proper operation?

Test batteries for specific gravity and state of charge?

Steam Systems Testing Procedure

Steam pressure gauge reading _____ PSIG ☐ KPAG ☐

Time for turbine to reach operating speed: _____ seconds

Semiannual

Operate manual starting means (electrical)

Operation of safety devices and alarms?

Check concentration of antifreeze?

Annual

Operate emergency starting means (without power)

Trip circuit breaker if provided?

Diesel tanks and overflow piping unobstructed?

Test exhaust for excessive back pressure?

Comments/Notations: