CAN/ULC-S561-13

APPENDIX C (INFORMATIVE) – TEST AND INSPECTION REPORTS

TABLE C1 – ALARM SIGNAL TRANSMITTER ANNUAL TEST AND INSPECTION REPORT

(Reference: Clause 9.6.1 and 11.1.3.)

Date: _____

Building Name & Address: _____

MONITORING SYSTEM DESCRIPTION

Sprinkler System – Alarm and Supervisory Devices: _____
Fire Alarm System – Manufacturer & Model No.: _____
Other Equipment – Type/Manufacturer & Model No.: _____

Alarm Signal Transmitter Manufacturer & Model No.: _____
Equipment Listing Number: _____
Name and Location of Fire Signal Receiving Centre: _____
Fire Signal Receiving Centre ULC Identifier: _____
Fire Signal Receiving Centre Telephone Number: _____

1	The *Fire Monitoring System* is now fully functional without deficiencies. (If "No", see "Comments below)	**Yes** ☐	**No** ☐
2	ULC "Central Station Fire Protective Signalling Service" Certificate Number: _____ which is issued for the above noted central monitoring station address **is** ☐ **is not** ☐ attached.		
3	Comments: _____		
4	A copy of this report will be given to: _____ who is the owner or owner's representative for this *building*.	**Yes** ☐	**No** ☐

CERTIFICATION

This certifies that the information contained in this *Inspection Report* (which incorporates the attached _____ pages) is correct and complete. The system and equipment described here-in was tested/inspected in conformance with CAN/ULC-S561-13 by a qualified technician. The equipment was left in an operational condition except as noted above. A copy of this report must be maintained on the premises for examination by the Fire Marshal, Building Inspector, or other *Authority Having Jurisdiction* at their request.

Inspected By: Service Company

Contact Information: Insert Contact/Address Information Here

Technician

Certificate Number:

C2 – TRANSMITTING UNIT TEST RECORD

Date:		☐ Audit ☐ Inspection
Building Name:		Address:

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

C2 Transmitting Unit Test

Location: _____

_____ Power on visual indicator tested.
_____ Common visual trouble signal tested.
_____ Common audible trouble signal operates.
_____ Main Power supply failure trouble signal operates.
_____ Alarm signal operation.
_____ Input circuit trouble operates.
_____ Main power supply to emergency power supply operates.

C2 Transmitting Unit Inspection

_____ Input circuit designations correctly identified in relation to connected field devices?
_____ Plug-in components and modules properly secured and terminated?
_____ Designations for common control functions & indicators?
_____ Plug-in cables securely in place?
_____ Fused in accordance with manufacturer's specifications?
_____ Clean and free of dust and dirt?
_____ Input circuit alarm and supervisory operation including audible and visual indicator?
_____ 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?
Record date, revision and version of Firmware & Software
Date: _____ Rev: _____ Version: _____

C2 Power Supply Inspection

_____ Fused in accordance with manufacturer's specifications?
_____ Adequate to meet the requirements of the system?

C2 Emergency Power Supply Test & Inspection

Location: _____
Panel Number: _____
Breaker/Disconnect Number: _____
Battery type and size (in AH): _____

Battery Voltages

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 & 30 ☐ or 120 ☐ minutes alarm operation in accordance with BC Fire Code?
_____ Inspected for physical damage?
_____ Terminals clean and tight?
Batteries fused? YES ☐ NO ☐
_____ Adequately ventilated?
Installation date: _____
_____ Disconnection causes trouble signal?
_____ Battery is within the Manufacturer's rated life date code?
_____ Trouble condition at the emergency generator is indicated?

C3 - Device Testing – Legend, Notes, and Comments

Device	Description	Type	Model No.
FS	Sprinkler flow switch (1)		
FPS	Sprinkler flow pressure switch		
TS	Sprinkler valve supervisory tamper switch (2)		
LA	Low air supervisory device (3)		
LT	Low temperature supervisory device (4)		
LPS	Power loss supervisory device		
AD	Other ancillary device (5)		
FA	Fire alarm control panel		

Note 1: Time delay setting of water flow devices shall be recorded in the remarks column.

Note 2: Sprinkler supervisory switches cause a supervisory condition to be annunciated but not an alarm.

Note 3: Upper and lower pressure setting of supervisory devices should be recorded in the remarks column.

Note 4: Low temperature setting should be recorded in the remarks column.

Note 5: Identify Ancillary Device in the remarks column.

C4 - Individual Equipment or Device Record

Date:		☐ Audit ☐ Inspection
Building Name:		Address:

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

"✓" Yes - Acceptable "X" No – Unacceptable (Explain NO answers in comments) "Dash" - Not applicable

Location	Device	A	B	C	D	E	F	Remarks

Remarks/Comments