

**CAN/ULC 561:2022**

**ANNEX C (INFORMATIVE) – TEST AND INSPECTION REPORTS**

**TABLE C1 – ALARM SIGNAL TRANSMITTER ANNUAL TEST AND INSPECTION REPORT**

Building Name & Address:		Date:	

<b>MONITORING SYSTEM DESCRIPTION</b>	
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:	
Location of the Signal Transmitting Equipment:	
Name and Location of Fire Signal Receiving Centre:	
Fire Signal Receiving Centre Identification (System Account #):	
Fire Signal Receiving Centre ULC Identifier:	
Fire Signal Receiving Centre Telephone Number:	

<b>A</b>	This test is being conducted to commission a new fire signal receiving centre premises transmitter installation in accordance with CAN/ULC 561:2022, Standard for Installation and Services for Fire Signal Receiving Centres and Systems Section 12, Periodic Inspections and Tests.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>B</b>	This test is being conducted in accordance with CAN/ULC 561:2022, Standard for Installation and Services for Fire Signal Receiving Centres and Systems, Section 12, Periodic Inspections and Tests.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>C</b>	The <i>Fire Monitoring System</i> is now fully functional without deficiencies. (If “No”, see “Comments below and on Page three of this Report.”)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>D</b>	ULC “Central Station Fire Protective Signalling Service” Certificate Number: _____ which is issued for the above noted Fire Signal Receiving Centre address is <input type="checkbox"/> <b>is not</b> <input type="checkbox"/> attached.				
<b>E</b>	Comments:				
<b>F</b>	A copy of this report will be given to: _____ who is the owner or owner’s representative for this <i>building</i> .	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

<b>CERTIFICATION</b>	
This certifies that the information contained in this <i>Inspection Report</i> (which incorporates the attached _____ pages) is correct and complete. The system and equipment described here-in was tested/inspected in conformance with CAN/ULC 561:2022, Standard for Installation and Services for Fire Signal Receiving Centres and Systems, as noted above, 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 <i>Authority Having Jurisdiction</i> at their request.	
<b>Inspected By:</b>	<b>Contact Information:</b>
Company Name: _____	Address: _____
	Province: _____
	Postal Code: _____
	Telephone: _____
	Email: _____
<b>Technician Name:</b> _____	

Date:	<input type="checkbox"/> Commissioning Test <input type="checkbox"/> Annual Test
Building Name:	Address:

<b>C2 – TRANSMITTING UNIT TEST RECORD</b>				
<b>C2.1 – Signal Transmitting Unit Test (Reference Section 12.4.1.4)</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>
A	Power on visual indicator tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Common visual trouble signal tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Common audible trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Main power supply failure trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Each individual alarm input signal operation tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Each individual supervisory input signal operation tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Each individual input circuit trouble operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Ground fault operates for each input circuit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Main power supply to emergency power supply operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Signal transmitting unit door tamper switch operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C2.2 – Signal Transmitting Unit Inspection (Reference Section 12.4.1.5)</b>				
A	Input circuit designations correctly identified in relation to connected field devices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Output circuit designations correctly identified in relation to connected field devices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Designations for common control functions and indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Cabinets, plug-in components, and modules securely in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Plug in cables securely in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Clean and free of dust and dirt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Panel adequately grounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Electrical panel location & circuit disconnect means is provided on the signal transmitter enclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Monitoring warning and service labels are installed where required and are readily visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Termination of wiring to field devices and/or connected relays is secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Installed in accordance with the manufacturer's published instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Installed in accordance with the published edition of CAN/ULC S524 in effect at time of installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Signal transmitting unit lock operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C2.3 – Communication Path Inspection – Monitoring Connection Configuration:</b>				
A	Active Communication Means are employed for this installation. Identify active communication means: <input type="checkbox"/> IP <input type="checkbox"/> Cellular/GSM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	For IP based communications means, confirm that the connected modem is powered by a UPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Confirm that the UPS provides dedicated stand-by power for the FSRC connected modem only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Confirm that FSRC connected modem is dedicated to the signal transmitting unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Passive Communication Means are employed for this installation. Identify two separate passive communications path means: Identify primary communications path <input type="checkbox"/> IP <input type="checkbox"/> Cellular/GSM <input type="checkbox"/> POTS Identify secondary communications path: <input type="checkbox"/> IP <input type="checkbox"/> Cellular/GSM <input type="checkbox"/> POTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	CA38A jack is located within one meter of the signal transmitter enclosure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C2.4 – Communication Test (Reference Section 12.4.1.4)</b>				
A	For active communications means, confirm failure of communication path generated a failure at the FSRC within 180 seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	For active communications means, confirm failure of communication path generated a trouble signal at the FSRC transmitter within 180 seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<b>UPS operational tests for IP based active communications means connected modem</b> i) Confirm disconnection of primary power to UPS provides stand-by operation of connected modem ii) Confirm replacement date of UPS batteries is within three years of battery manufacturer's date code iii) UPS batteries were replaced with correctly sized units as recommended by the manufacturer's published installation instructions during this test iv) Confirm UPS is correctly sized to provide required stand-by operation of the connected modem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	For passive communications means, confirm failure of primary communication path generated a failure at the FSRC within 180 seconds on the secondary communications path	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	For passive communications means, confirm failure of the secondary communication path generated a failure at the FSRC within 180 seconds on the primary communications path	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	For passive communications means, confirm failure of either the primary or secondary communications path generated a trouble signal at the FSRC transmitter within 180 seconds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Date:</b>		<input type="checkbox"/> <b>Commissioning Test</b>	<input type="checkbox"/> <b>Annual Test</b>
<b>Building Name:</b>		<b>Address:</b>	

<b>C2 – TRANSMITTING TEST UNIT TEST RECORD (Continued)</b>						
<b>C2.5 – Power Supply Inspection (Reference Section 12.4.2)</b>			<b>Yes</b>	<b>No</b>	<b>N/A</b>	
A	Fused as per manufacturer's marked rating for the system (Class 2 rated transformers are fused internally)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Adequate to meet the requirements of the system			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Record Main Circuit Disconnect Means identification	Location: _____	Panel ID: _____	CCT #: _____		
D	Main Circuit Disconnect means is rated in accordance with manufacturer's specifications.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Main Circuit Disconnect means is painted "red" and lockable in the "on" position.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C2.6 – Emergency Power Supply Testing (Reference Section 12.4.2)</b>						
A	Correct battery type as recommended by the manufacturer			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Correct rating as determined by battery calculations based on full system load			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Battery Charging Voltage (primary power "on"):		Volts			
D	Battery Charging Current (primary power "on"):		mA			
E	Battery Voltage (primary power "off"):		Volts			
F	Battery Current (primary power "off"):		mA			
G	Battery Rating (as installed):		AH			
H	Minimum size required from calculations:		AH			
I	Battery installation date (MMYY): _____					
J	Battery sized correctly to provide 24 hour emergency power			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Inspected for physical damage			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Terminals clean and tight			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Battery is adequately ventilated.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Disconnection causes trouble signal			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	Battery fused as per manufacturer's published installation instructions			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note: Battery calculations performed for C2.6 – Emergency Power Supply Testing should be based on a derating factor of 1.3. This considers the expected performance degradation of 25% over the four-year life cycle of most sealed lead-acid batteries.						
<b>C2.7 – Remarks / Comments</b>						

Date:		<input type="checkbox"/> Commissioning Test	<input type="checkbox"/> Annual Test
Building Name:		Address:	

### C3 - Device Testing – Legend, Notes, and Comments

Device	Description	Type	Model No.
FS	Sprinkler flow switch		
FPS	Sprinkler flow pressure switch		
SS	Sprinkler Supervisory Device		
LA	Low air supervisory device		
LWS	Low Water Level Supervisory Device		
LTS	Low Temperature Supervisory Device		
LPS	Power loss supervisory device		
HTC	Heat Trace Controller Supervisory Contact		
AD	Other ancillary device		
AD	Other ancillary device		
AD	Other ancillary device		
TAS	Signal Transmitting Unit Tamper Switch		
FAC	Fire Alarm Control Panel Output Contact (Common Alarm)		
FTC	Fire Alarm Control Panel Output Contact (Common Trouble)		
FSC	Fire Alarm Control Panel Output Contact (Common Supervisory)		
FWC	Fire Alarm Control Panel Output Contact (Fire Sprinkler Water Flow)		
UPS	Uninterruptible Power Supply		

**Notes (apply to C4 – Individual Device Test Record):**

- 1 Time delay setting of water flow devices shall be recorded in the remarks column.
- 2 Sprinkler supervisory switches cause a supervisory condition to be annunciated but not an alarm condition.
- 3 Upper and lower pressure setting of supervisory devices should be recorded in the remarks column.
- 4 Low temperature setting should be recorded in the remarks column.
- 5 Identify Ancillary Device in the remarks column.
- 6 Device testing either "Actuated" or "Simulated" shall be recorded in the remarks column
- 7 Record trouble and supervisory output tests for UPS powering the active communications modem (if applicable) in the remarks column.
- 8 Record ancillary device type for "AD" entries and any applicable comments related to the device's operation in the remarks column.

